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The History of Nursing

As a Force in Nursing Education and How to Teach It

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PART I.

We are met together here today for a three-fold purpose. First, I want to insist and to enlarge upon the profound significance and the immense driving force which this subject, The History of Nursing, correctly handled, has for the uplift of your mental attitude and for the consummation of the best ideals of your profession. Second, I want to ask you to take stock, as it were, of the material which we have covered together in the past session and to discuss briefly with me how you may yourselves best organise such a course for the information, and, may I add, for the inspiration of the students of the schools of nursing which you will have the privilege of conducting in the immediate future. And last, I would like to leave with you as a background for the History of Nursing an outline of that broader subject, of which nursing as a profession forms an integral part, namely, the History of Modern Medicine, as told by the lives of those whose names stand out as landmarks on the sands of time, marking the great advances in the evolution of that magnificent field of activity.

Let us begin by bringing our thoughts to a focus, as it were, by a personal reference to your own experience at the present moment, when, in these closing weeks of your course at McGill, you stand, as it were, at a vantage point for retrospection. What, may I ask, may be considered the chief intellectual asset that has come to you from this year of intensive study here? Surely this is neither the fact that you have gained a mass of detailed information along many lines (much of which, I fear, will slip from your memory as the years roll by) nor is it the greater mastery of the technique of your Art that you have doubtless acquired here. Something far more important and far-reaching than either of these has come to you as a by-product or side-issue to which every part of your work has contributed. The thing that counts for the most in your university course and that will remain with you always as a permanent enrichment of your lives is that you have gained from your studies and experience here a sense of mental expansion, a wider horizon of thought, a clearer consciousness of relative values in your work, a keener perception of new avenues of opportunity, as well as some insight into that wealth of scientific investigation on which the progress and advancement of modern medicine is based. Just as travel in distant lands creates new vistas in the depth of memory and livelier power of imagination, so here you have been carried into a world of broader vision whence you can glimpse the hill-tops of human achievement and sense the vastness of the field of human endeavour.

Such a widening of the mental viewpoint, which is the ultimate outcome of all successful university training, is what culture of education

(Closing lecture delivered before the Nursing Education Section of the School for Graduate Nurses, McGill University, April 22nd, 1931.)

in the best sense of the word means. An essential element of all true culture is a vitalising knowledge of the past, of those trivial causes and patient individual efforts, heroic achievements and skilful welding of political forces, out of which the manifold activities of today have sprung, and which are still, by the mysterious law of causality, alive and germinating among us for the domination of the unknown future. This consciousness of the past as inherent in the present and controlling in a certain sense the future, is the keynote of the modern conception of the teaching of history, as set forth in a charming little book by Professor F. Clarke[1], which should be read by each one of you. History, he points out in it, is no longer, as in the days of "Little Arthur's England," to be regarded as a mere compendium or catalogue of past events, or even as a mighty pageant emerging from their compilation for the information and entertainment of the schoolboy or student or the casual reader. It is a dynamic point of view, arrived at by culling from the great mass of past events within our knowledge those which have a bearing upon the activities of the world in which we live today, and so on the forces potent in it for the life of tomorrow. Such an outlook can only be obtained by working backward from the present and tracing to their elements those individual human activities that have culminated in the complex social life of today, discarding, except for the purpose of comparative study or contemporary influence, the study of empires that have waxed and waned, and gleaning from this working knowledge of the salient past that motive power of enthusiasm for a great tradition that must rank as one of the greatest assets of your profession.

This inspirational value is peculiarly the possession of the History of Nursing, every page of which bears the impress of noble ideals and high service struggling with or triumphing over the darkest conditions of sin and suffering and finally culminating in the great organisation for the care and prevention of disease that constitutes modern nursing as we understand it today. Moreover, the right understanding of this subject carries with it the recognition of an immense responsibility. For to each one of us belongs, in a very real way, the making of the history of that time in which we live. Small and unimportant though the circle of influence of each one of us may appear, its radius extends farther than we can know and may come to loom large in the future of Canada and of the world.

In this matter, therefore, you cannot take yourselves or the subject of this course too seriously. For, in the so-called biographical motive which the latter supplies, there lurks a vital spark for the kindling and keeping alive in your hearts of a balanced idealism, whereby the practical necessities of life may be harmonised with those higher spiritual values that give true meaning and impetus to all work, and from which your students may catch the gleam that will carry them forward to moral as well as material heights of which they would not otherwise be capable. Let "the flaming heart of St. Teresa" be combined with the "patient industry of Palissey, the potter," and behold the lowliest may become a power in our midst and a beacon-light for the welfare of the generations yet unborn.

In this connection, I venture to quote from a personal letter received from Professor Clarke after he had seen the writer's "Lectures on the History of Nursing,"[2] reprinted from *The Canadian Nurse*. "I can think of no more favourable field," he writes, "in which to illustrate my own conception of history-teaching than that of nursing. Here you have peculiar opportunities of awakening that sense of making history through one's daily work, of stimulating and directing that enthusiasm for the common human effort, out of which

I feel all real interest in history must spring. Then the tracing back of the strand from the complete end of it, in which the pupil is now working, reveals such manifold ramifications and relationships with the general texture of life as to afford a study of high cultural value. Your lecture syllabus is a rich illustration of this."

The above consideration as to the importance of this subject and the essential features in the organisation of such a course as is carried on in the School for Graduate Nurses of McGill University may be summarized as follows:

1. The History of Nursing should form an integral part of the curriculum of every school of nursing, and the conception of the past as alive within the present and projecting itself into the future should enter into the mental equipment of every student nurse and remain an active and vitalising force in the life of every graduate. To this end an actual knowledge of the past as this bears upon the origin and development of your profession is essential, and this must be sufficiently broad to cover in a general way not only the History of Nursing itself, but also that of other events related in time, space or content. In other words, the strand of the History of Nursing (to use Professor's Clarke's simile) must be viewed in cross-section of the larger subject of which it forms a part.

2. This knowledge of your own tradition and this historical point of view together constitute a certain moral force or impetus that carries within itself the elements of true upward progress, and that will contribute more than any other single factor to the development in your students of a balanced idealism. It is essential, therefore, that the instruction in this subject should be entrusted to a competent teacher, who is herself possessed of this mental attitude and who has acquired a sufficiently broad knowledge of the historical facts involved to be able to impart these clearly, and also to transmit this all-important point of view of history as a living thing in our midst, with judgment and discrimination, and, may I add, with inspirational force.

3. A moderate amount of collateral reading should be done by the student, and at least one original essay upon a theme that demands a certain amount of personal research should be required from each; and a survey of the subject should be secured by the construction by each student of a Curve of the History of Nursing along the lines indicated in the chart by Miss Isabel Stewart, adapted or amplified by means of her own collateral study. The student essays or copies of these should become the property of the department, and wherever the material so collected contains data of value not previously brought together in this connection it should be preserved in its archives for active use, and a spirit of responsibility for the creation and compilation of a reliable body of information upon the origin and development of all departments of nursing activity (with especial reference to the development of the History of Nursing in Canada) should be awakened and inculcated in every pupil-nurse and graduate.

4. Instruction in this as in every other subject is greatly assisted and made more readily intelligible by the use of the *visual method* of teaching, and this should be made use of as freely as possible by lantern slides and other means. In this connection the method of telling the story of the various phases of this subject by a serial collection of lantern-slides, which was initiated by the writer at this school (*vide infra* Historical Note), and is so freely used in this course, and which is now employed also in most of the schools of nursing of Canada and of the United States is to be recommended.

Historical Note on the Development of Lantern-Slide Series: Lan-

tern-slides have, of course, been extensively used for teaching purposes in all departments of knowledge ever since this mode of projection came into vogue. Their employment, however, in regular sequence, to outline the complete history of a subject in the various phases of its development as is done in the History of Nursing courses in so many of the schools of nursing on this continent at the present time, and the presentment and publication of these by means of descriptive lists as a coherent story, is, so far as we know, peculiar to this subject, constituting in it a departure in teaching methods of some importance. It will be of interest to readers of *The Canadian Nurse* to know that the serial use of lantern-slides to this connected extent was initiated by the writer some fourteen years ago, as a direct outcome, we believe, of the objective teaching methods carried out for so many years at the Medical[1] Museum of McGill University; and that our first lecture-syllabus along these descriptive lines was formulated for an inaugural course of lectures on the History of Nursing, delivered on the invitation of Miss Hersey to the nurses in training at the Royal Victoria Hospital during the session 1916-17, and, further, that this syllabus[2] expanded and considerably added to with the help of slides contributed by Teachers College, New York, through the kindness of Miss Isabel Stewart, was published in regular lecture form, with didactic introductions, bibliography and descriptive list of lantern-slides appended under each section, in this *Journal* during the years 1920-1923. All the lantern-slides for this initial course were made at the expense of the hospital (apart from the writer's Florence Nightingale series) by Mr. William Muir of the Anatomical Department at McGill, and copies of the entire series as published in *The Canadian Nurse* have since that time been supplied by him, practically at cost price, on orders received through this office to most of the large schools of nursing in Canada and to a few in the United States, as well as to the McGill School for Graduate Nurses, the St. Thomas's Hospital Training School in London, the King's College School of Nursing and the Welch Library of the History of Medicine (gift of Dr. E. Libman). As early as 1918 a duplicate set of the series as published in *The Canadian Nurse* was supplied to the Department of Nursing and Health of Teachers College, Columbia University, on the recommendation of Miss Stewart, whose interest and active collaboration is herewith gratefully acknowledged, and was combined with their own collection to form a selected American series, which is supplied to schools of nursing in the United States through the National League of Nursing Education by orders placed with their New York office. Very recently the Registered Nurses Association of Ontario has taken a similar step in the issuing of a circular urging the use of lantern-slides for instruction in the History of Nursing in all schools of nursing in that province, and recommending for this purpose a list of some 100 slides selected from our published series, to be obtained through application to the writer, together with an additional series, chiefly on modern nursing and preventive hygiene, supplied by that Association, which is, moreover, formulating a plan for the circulation of the combined series by means of a loan collection of these for use in those cases in which circumstances do not permit of their purchase by the individual institution.

In this remarkable extension of a simple teaching device, emphasis has been laid above on the part taken in the working out in serial form, at a Canadian school, of the original collection of lantern-slides so used. It must be clearly recognised, however, that the fundamental basis of this or any other system of instruction in this subject has lain from the begin-

April 11/76

Dear Sir

I regret indeed very deeply to lose this opportunity of making your acquaintance & of hearing news from your own lips of the future prospects of Montreal General Hospital in which I am so much interested: & of my dear friend Miss Machar

But alas for me! it is not possible in my state of necessary bodily weakness: & at a time of year when the over pressure of business is particularly heavy to see you at such short notice on any day you offer me.

but I did not lose a moment after receiving yours in sending to my cousin, Mr. Hy Bonham Carter, the Secretary of our Training Schools: & Miss Machar's friend who has doubtless written to you before this & who is as anxious as I am for Montreal

Fig. I.

ning, and must lie for many years to come, in its fountain-head of information and inspiration, the great History of Nursing by Miss Nutting and Miss Dock,[4] supplemented as this has been by the splendid constructive work of Miss Isabel Stewart of Teachers College, to whom all students of this subject owe a lasting debt. To these factors may be added the first-hand knowledge of Florence Nightingale, gleaned from Sir Edward Cook's "Life," [5][6] in which for the first time was revealed from confidential sources the magnitude of her achievement and the unswerving force of altruism that dominated and inspired her work in the organisation of nursing as a profession. The writer's own interest in this subject may be said to date in the first place from the appearance of the latter book. In the autumn of 1913, fresh from its perusal, and with my interest stimulated also by the gift, received just at that time from the late Miss Victoria Campbell, of an autographed letter of Florence Nightingale's, bearing upon the first attempt at a training school at the Montreal General Hospital (see Figs. 1 and 2), I was honoured by an invitation from the Canadian Nurses Association to address it on any subject I chose. My acceptance was followed by a personal visit from Miss Christie Mackay, one of the three first graduates of the Montreal General Hospital, who made an earnest plea that I should made this address the occasion for an appeal to the young nursing profession of that day against the growing commercialism or materialism of the time, which was threatening even then to engulf the aspirations for

recent

Excuse my pencil writing
I trust that this trip to England will entirely set up your health: & am only sorry not to be able to profit by your presence on this side the water, as I should so have wished myself.

Pray believe me,
dear Sir
Yours most faithfully
Florence Nightingale

Dr Campbell

Fig. II.

the service of others with which every true nurse enters upon the pursuit of her noble calling. Stirred by Miss Mackay's attitude and action, and profoundly impressed by Sir Edward Cook's book, I undertook to bring before this special audience the subject of their high vocation as seen in the light of their great founder's biography. A lecture on the life and ideals of Florence Nightingale, profusely illustrated by lantern-slides (which formed the nucleus of the future History of Nursing series), was accordingly delivered by me before the Canadian Nurses Association (of Montreal—Ed.) early in the year 1914 and was later presented before the Harvard Historical Club and subsequently published.[7] Its favourable reception led Miss Mabel Hersey to ask me to deliver the Valedictory Address[8] to the Royal Victoria Hospital graduating class in the spring of 1916. In my preparation for this address I scanned the two volumes of Nutting and Dock's History and sensed for the first time the immense inspirational value of this monumental work, and accordingly I put forward, when the opportunity came, an urgent plea that the History of Nursing should find a place on the curriculum of every school of nursing, and that these two books, Volume I of Nutting and Dock's History and Sir Edward Cook's life of Florence Nightingale, ought to become the treasured possession of every graduate nurse. The following autumn came Miss Hersey's invitation to deliver that inaugural course on the History of Nursing at the Royal Victoria Hospital School of Nursing (the first to be delivered in any Canadian school), with lantern-slides supplied by the hospital, and the rest followed as outlined above.

And the end of these things is not yet. For surely it is by holding fast the knowledge of your high tradition and keeping the motive power that springs from it clear and pure within your hearts that the fires of your ideals may best be kept burning and the torch held high that may light your successors on the pathway of that broader altruism, which, under the aegis of modern preventive medicine, builds wide and strong for the future betterment of our suffering humanity. So you will have your part in what Osler calls that true *evangelion*, "the glad tidings of the final conquest of nature by which man has redeemed thousands of his fellow-men from sickness and from death."[9]

PART II.

Representative Names in the History of Medicine, Giving a Bird's-eye View of Its Progress and Evolution.

Authorities Consulted: Garrison's History of Medicine, W. B. Saunders Co., 4th edition, 1929; Osler's Evolution of Modern Medicine; Nosography in Modern Internal Medicine, by Knud Faber, M.D., 1923, Paul B. Hoeber, Inc., New York.

Lantern-Slide Series.

Greek and Roman Medicine:

Hippocrates (460-370 B.C.). The great physician. Known as the Father of Modern Medicine, because of his use of methods of direct observation at the bedside and his treatment of disease by the principles of the "vis medicatrix naturae."

Galen (131-201 A.D.). First experimental physiologist and an able physician, but also dogmatic theorist, the weight of whose authority dominated medicine and retarded progress for a thousand years.

Arabian Medicine:

Rhazes (860-932 A.D.). A great clinician and true follower of Hippocrates. Author of an important cyclopedia of medicine that was for centuries an authority on therapeutic measures.

Avicenna (980-1036 A.D.). Physician-in-chief to the celebrated Bagdad Hospital and of great reputation, author of an enormous book known

as his "Canon," which was considered the fountain-head of authority in the Middle Ages.

Modern Medicine:

Leonardo da Vinci (1452-1519). The greatest artist and scientist of the Italian Renaissance and the first of modern anatomists.

Theophrastus Paracelsus (1493-1541). Father of chemical pharmacology and therapeutics and the most original thinker of the 16th century.

Andreas Vesalius (1514 - 1564). Founder of the science of descriptive anatomy and author of a magnificent book entitled "De Humani Corporis Fabrica, 1543," in which all the structures of the body are correctly shown from drawings made from his own dissections.

Michael Servetus (1511-1553). The fellow-student of Vesalius and discoverer of the pulmonary circulation. Martyred by Calvin at the stake for his heretical views.

Ambroise Paré (1510-1590). Known as the father of modern surgery. Author of a great treatise on this subject and famous for discarding the use of boiling oil in the treatment of gunshot wounds, and for his faith in the healing powers of nature.

William Harvey (1578-1657). Discoverer of the circulation of the blood and the founder of modern physiology. The greatest name in 17th century medicine.

Thomas Sydenham (1624-1689). A great English clinician and therapeutist, who revived the Hippocratic methods of direct observation and experience. Founder of the science of epidemiology and of the nomenclature of disease from the clinical features presented.

Giovanni Battista Morgagni (1682-1771). Founder of the science of morbid anatomy as based on anatomical observations made at the autopsy and formulated in descriptive post-mortem reports.

John Hunter (1728-1793). A great biologist, original investigator, anatomist and surgeon, and known as the founder of modern scientific surgery and of the great museum collections of Great Britain.

Edward Jenner (1749-1823). Introduced vaccination for the prevention of smallpox and thus was responsible for an enormous reduction in the mortality from this disease.

René Théophile Lænnec (1781-1826). Known as the founder of modern clinical medicine through the correlation of the autopsy findings with observations made at the bedside. Discovered the stethoscope and established the art of physical diagnosis of diseases of the chest by exact methods.

Rudolf Virchow (1821 - 1902). Founder of the doctrine of cellular pathology, on which the science of pathological histology is based. A many-sided genius of world-wide influence in many fields.

Sir James Paget (1814-1899). A great surgical pathologist and the friend and supporter of Florence Nightingale in her work for the establishment of nursing as a profession.

Gregor Johann Mendel (1822-1882). An Augustinian monk, who discovered the principles of heredity by means of experiments on the hybridization of plants. These ideas have had an important influence on the modern conceptions of disease.

Louis Pasteur (1822-1895). Author of the germ theory of disease and discoverer of the principles of immunization and of vaccination against anthrax, hydrophobia, etc.

Joseph, Lord Lister (1827-1912). The great English surgeon who discovered and applied the principles of antisepsis and asepsis in the treatment of wounds on the basis of Pasteur's discoveries and his own experimental work, and thereby revolutionized the field of modern scientific surgery.

Pasteur's jubilee in 1892. Lister advancing to embrace him.

Florence Nightingale (1820-1910). A great sanitarian and statistician and reformer of British military hygiene and hospital construction. Founder of nursing as a profession and of the St. Thomas's Hospital Training School, London, England.

Robert Koch (1843-1910). Known as the founder of the science of bacteriology by introducing methods of establishing the pathogenic nature of micro-organisms by means of plate-cultures, special stains, and inoculation in experimental animals.

Paul Ehrlich (1854-1915). Founder of the science of haematology and discoverer of the principles of immunity explained by the so-called "side-chain theory," and a great pioneer in medical research in many other ways. From his knowledge of their chemical properties he discovered many specific remedies, of which the most important is Salvarsan.

Claude Bernard (1813-1878). A great French physiologist, known as the founder of experimental medicine. Discovered the glycogenic function of the liver, the principle of internal secretions, etc.

William Osler (1849-1919). A great clinician and probably the greatest teacher of internal medicine of his generation. Was an apostle of the correlation of pathological anatomy with the clinical findings, and introduced into American medicine the Edinburgh methods of bedside teaching and created a nation-wide impetus to medical research that is bearing fruit today in what has been called the "Golden Age" of medicine on this continent. Born at Bond Head, Ontario, and graduated at McGill University in 1872, was a member of that faculty until 1884, Professor of Clinical Medicine at the University of Pennsylvania until 1889; Professor of Medicine at the Johns Hopkins University from 1890 to 1904, and Regius Professor of Medicine at Oxford University from 1905 to 1919.

References:

① Foundations of History Teaching, by Professor F. Clarke, M.A., Professor of Education in McGill University, Montreal: Oxford University Press, London, 1929.

② Lectures on the History of Nursing, with descriptive list of lantern-slides, by Maude E. Abbott, M.D., "The Canadian Nurse," 1920, xvi, 261-266, 325-329, 390-393, 458-461, 531-535, 584-588, 653-656, 721-726; 1921, xvii, 11-18, 75-78; Addenda, 1923, xix, 393-399.

③ The Museum in Medical Teaching, by Maude E. Abbott, B.A., M.D., Jr. Amer. Med. Assoc., 1905, xliv, p. 935.

④ A History of Nursing, by M. Adelaide Nutting, R.N., and Lavinia L. Dock, R.N., Vols. I and II, 1907: G. P. Putnam's Sons, New York.

⑤ The Life of Florence Nightingale, by Sir Edward Cook, Vols. I and II, 1913: MacMillan & Co., Ltd., London.

⑥ A Short Life of Florence Nightingale (abridged from the Life by Sir Edward Cook, with additional matter), by Rosalind Nash, 1925: The MacMillan Company, New York.

⑦ Florence Nightingale as Seen in Her Portraits, by Maude E. Abbott, B.A., M.D., Boston Med. and Surg. Jr., 1916, Sept. 14th, 21st and 28th, pp. 78, 15 illus.

⑧ Valedictory Address to the Graduating Class of the Royal Victoria Hospital Training School for Nurses, by Maude E. Abbott, M.D., April 12th, 1916.

⑨ The Evolution of Modern Medicine, by William Osler, Yale University Press, 1921, p. 233.

Note—The original of the autograph letter reproduced on page 513 was presented to Dr. Maude Abbott, McGill University, by the late Miss Victoria Campbell. The letter is from Florence Nightingale, dated April 11th, 1876, to the late Dr. G. W. Campbell, at that time Dean of the Medical Faculty of McGill University, regarding Miss Machin, a graduate of St. Thomas's Hospital, and Superintendent of the first Training School at the Montreal General Hospital.

Editorials

Our Responsibility in Maternal Care

Canada's high maternal death rate and the recognition of the need for better maternal care are perhaps receiving greater attention at the present time than ever before. This is, no doubt, due to the influence of the large body of professional and lay groups whose efforts are being directed to a study of this problem. When the Maternal Welfare Committee of the National Council of Women distributed questionnaires among the women's organisations of Canada and a study was made of local statistics, certain facts were disclosed which demonstrated there had been very little, if any, reduction in the maternal mortality rates during the past two decades, and if there is one factor more than another that concerns the well-being of the entire community, surely it is maternal welfare. Therefore, quite rightly, a public conscience has been awakened to the great dangers of maternity.

As nurses, have we not a definite responsibility towards maternal care? Taking for granted that the causes of maternal mortality are numerous and complex and that the first step in the lowering of the mortality rate is education, who, after the physician, is better fitted to impart this knowledge than the registered nurse? Her technical training in obstetrics and her general training in all nursing procedures give her a definite place in the general scheme for a better relationship between the physician and the prospective mother. The nurse is the ideal person to make contacts with the home and to follow up the cases. As she comes in touch with the mothers in her public health visiting and bedside nursing, in the day nurseries, in the pre-natal clinics, in home nursing classes, and in many other ways, she has many opportunities of making her influence felt.

There is no doubt in the minds of public health workers that the great reduction in infant mortality in the past twenty years has been brought about by the slow and steady effort to teach better feeding methods and to give instruction to the mothers in the general care of infants. If such a programme has given results in infant mortality, why should the maternal mortality not be influenced by a similar effort to teach young women the importance of the hygiene of pregnancy? It is quite evident that the child-bearing mother is not sharing equally with the rest of the population in its improved public health, and it is well to bear in mind that the high death rate is not the only consideration, as the number of deaths by no means indicates the entire loss, for great numbers of women are permanently invalided during the process of child-birth. This condition creates a tragedy for all concerned, as it not only affects the mother, but also affects the care that can be given to the young infant and older children.

Every prospective mother is entitled to adequate pre-natal supervision throughout the whole period of pregnancy. Pre-natal supervision in order to be most effective must be constant throughout the nine months, and it is essential that those entrusted with the authority to impart this knowledge should have special preparation. It is the duty of every nurse to use her influence to persuade the pre-natal mother to consult her physician as early in pregnancy as possible, in order that she may receive professional, scientific advice.

The nurse can be of the greatest assistance to the mother in preparing her to take the proper mental attitude toward her coming confinement, as this is a period which requires con-

fidence and assurance. It has been stated that the object of adequate maternity care is to insure every woman during pregnancy the minimum of mental worry and physical discomfort during the period and to bring her safely through her confinement in such a manner that she herself has suffered no ill effects and is rewarded by having a healthy baby. The final responsibility rests, however, with the obstetrician, but it must be remembered that he can be greatly assisted by competent, skillful nursing service. Recalling Sir George Newman's all-important statement "that no sound progress can be made in the reduction of maternal mortality apart from ante-natal supervision," surely nurses will realise that they have a definite responsibility where maternal welfare is concerned.

We are faced, however, in Canada with the uneven distribution of nurses, and vast numbers of prospective mothers must face pregnancy without the hope of having nursing supervision. This, too, is a problem that must be given thoughtful consideration by the nursing profession, and it will be interesting to see what light is thrown on this subject through the recommendations presented by Dr. Weir in the Report on the Survey of Nursing when it is published.

R. E. H.

The Lancet Commission on Nursing

An interesting piece of reading has just come to us from England in that, with the issue of August 15th, the *Lancet* has published the Second Interim Report of its Commission on Nursing. This appears in the form of a special supplement covering twenty-four pages and consists of an introductory explanation followed by a statistical analysis of answers to the questionnaires which were issued to hospitals by the Commission some months ago.

The brief introduction is most important to the reader, setting forth as it does the purpose of the Commission, the personnel, the method of work and certain procedure up to the present date. It is particularly interesting—in view of our own survey activities in Canada—to note the exact purpose of the Lancet Commission as given in the opening words of this report:

> "The Lancet Commission on Nursing was appointed in December, 1930, to inquire into the reasons for the shortage of candidates, trained and untrained, for nursing the sick in general and special hospitals throughout the country, and to offer suggestions for making the service more attractive to women suitable for this necessary work."

After this brief introduction, the Report presents the statistical analysis of the questionnaires. This analysis is the work of Mr. Bradford Hill, D.Sc., of the Department of Epidemiology and Vital Statistics of the London School of Hygiene and Tropical Medicine. Dr. Hill explains the nature of his task in the following words:

> "It is the aim of this Report merely to set out in statistical form this picture of conditions; no comment is made on the results shown for the various factors under discussion. The statistical examination of these factors is only one part of the large amount of evidence submitted to the Commission, and it is obvious that conclusions must be drawn from all the information at their disposal and not from any one source, such as this statistical material forms."

And Dr. Hill adheres strictly to this attitude. In all the record of the discussion of nursing affairs have we ever before encountered such complete restraint and really objective treatment! And this Report makes extremely interesting reading. The information that has been obtained from the questionnaires is given in a three-fold form: (1) a verbal statement of the information obtained in answer to each question; (2) a table to display the information concerning each question; (3) a brief summary to give a composite picture of the detail which has just been presented. Consequently the Report contains a great deal of valuable information of a kind that is usually difficult to obtain with any degree of accuracy and this is presented in a particularly clear and readable fashion; the tables are unusually clear. Certain differences between English and Canadian conditions suggest themselves to the reader, and these differences should be kept in mind if each country is to be benefitted by the survey work of the other. We are assuming that there will be a great deal of mutual interest between the two countries in the studies that are being made, although the methods of the two have been quite different, the one from the other. England has worked through a Commission, and, apparently, the final report is to come from the members of the Commission. Canada placed the work of her survey in the hands of one individual—appointed to make the study—and receives her final report as his sole handiwork. It is probable that these two reports (i.e. English and Canadian) will appear in print at about the same time, that is toward the end of the year.

E. K. R.

Birthday Best Wishes

Anniversaries are always worthy of recognition and celebration, especially when such occasions affect a large number of individuals linked together with common interests and aim. The Canadian Nurses Association congratulates the American Nurses Association on recent achievement, and rejoices with the members in the truly marvellous results obtained in their Membership Campaign commenced early in January last and completed on September 2, 1931. The slogan of the campaign was "100,000 Members by September 2"—and some weeks before the closing date the membership totalled 103,127 graduate nurses. Previous membership was 86,000.

What more could be required to celebrate the Thirty-Fifth Anniversary of the American Nurses Association? Progress should indeed be effected in future for the well-being of the citizens of United States, when no doubt that country has the greatest organisation of women of one professional group in the world, the interests of which are centered on building up and maintaining the Nation's health.

We, in Canada, are proud to have close association with our cousins across the line and prouder still, that as nurses and members of our national organisation of registered nurses we are able to celebrate in spirit the remarkable attainment, whereby, in thirty-five years a small group has grown to a magnificent organisation. Such results have only been possible through a truly well-laid foundation followed by support throughout the years from women imbued with vision and real love for hard work.

A most Happy Birthday is our wish to the American Nurses Association —secure in the assurance that their national organisation must possess great strength to have received the support given in the recent campaign by every State Nurses' Association and each individual nurse.

The Crest of the Canadian Nurses Association

Within recent weeks the Nurses' National Memorial in the Hall of Fame, Parliament Buildings, Ottawa, was completed when the crest of the Canadian Nurses Association was engraved in the circular space reserved for it above the panel. This space has a diameter of eighteen inches. The crest consists of a wreath of maple leaves, within which is engraved the name of the National Organisation of Nurses and the date on which it was founded (1908). These words encircle a map of Canada, upon which is superimposed a torch, bearing the light into all parts of the Dominion, around which is entwined the emblem of healing.

At the base of the Memorial the following inscription appears:—"Erected by the nurses of Canada in remembrance of their sisters who gave their lives in the Great War, nineteen fourteen-eighteen, and to perpetuate a noble tradition in the relations of the Old World and the New.

"Led by the spirit of humanity across the sea, woman by her tender ministrations to those in need has given to the world the example of an heroic service embracing three centuries of Canadian history."

The Memorial was unveiled at the time of the General Meeting, in 1926, when it was presented to the people of Canada by the President on behalf of the Canadian Nurses Association.

It is to be noted that the design chosen for the crest was drawn by a member of the Canadian Nurses Association. Miss Marjorie Dobie sketched nine designs for presentation to the General Meeting in 1930, from which the one above illustrated was chosen. After attending Havergal College, Toronto, Miss Dobie entered the School of Nursing, Royal Victoria Hospital, Montreal, from which she graduated in October, 1925. Awarded a scholarship by her Alma Mater, she joined the class 1926-1927, School for Graduate Nurses, McGill University, and later became a member of the teaching staff for nurses, Royal Victoria Hospital. During these years she also attended evening classes at École des Beaux Arts, Montreal. Miss

Dobie's creative and artistic ability was well demonstrated in the splendid contribution she made in the preparation of the panels depicting the History of Nursing in Canada, which formed an attractive and outstanding part of the Canadian Nurses Association exhibit at the International Council of Nurses Congress in 1929 in Montreal.

Over a year ago Miss Dobie resigned from the staff at the Royal Victoria Hospital and went to New York, where she studied several nursing subjects at Columbia University and also attended the Art Students' League. Miss Dobie is now in charge of the Health Service at International House, New York. She is continuing her studies at Columbia University as well as attending the New York School of Fine and Applied Art.

MISS MARJORIE DOBIE

International Hospital Association

At the close of the second International Hospital Congress, which met in Vienna from June 8th to 14th, the representatives of the forty-one countries participating in the Congress voted unanimously to organise an International Hospital Association.

The purpose of the Association is to bring about an international exchange of opinion and international co-operation in all problems and in all fields of hospital work and in all relationships: economic, sociological and hygienic. The Association is composed of two classes of members: ordinary members, consisting of national hospital associations, and associate members.

These comprise two groups of persons interested directly or indirectly in hospitals: one consists of individuals associated in one way or other in hospitals or cognate institutions, the other will be representatives of firms or organisations standing in a business relationship to the hospitals, such as architects, builders, manufacturers of hospital supplies, merchants and the like.

The associate membership in the International Hospital Association entitles the members not only to free subscription of the "Nosokomeion," the official organ of the Association, to full participation in the International Hospital Congress, but above all to participation in the work of the permanent committees. These committees, under the leadership of recognised specialists in various fields, will devote their time in working out standards for the guidance of the hospital field throughout the world.

The annual subscription for associate members of the first description is $5.00, and for the second, $1.00.

Appeal is made to all those interested in the proper care of the sick to become associate members. Application may be made to the Secretary General, Dr. E. H. L. Corwin, 2 East 103rd Street, New York.

Stretching the Hospital Dollar

By GERTRUDE A. JOHNSON, Superintendent, Neepawa General Hospital, Neepawa, Man.

That there are differences in dollars visible only to the eye of the hospital administrator is a fact not to be disputed. From his or her point of view there are maintenance dollars, restricted dollars and unrestricted dollars, dollars earned and dollars donated, surplus dollars and deficit dollars, the dollar paid by the patient and, in some cases, the dollar of the taxpayer. How to stretch these dollars to their utmost is a problem, that, like the poor is always with us.

Every hospital superintendent is using every possible means of stretching the dollars these days. Some hospitals undoubtedly are finding that one of the most effective ways of doing this is to get more dollars to stretch—that is—by careful collection and close investigation into the circumstances of those who are always willing to let the municipality assume the responsibility of the hospital account. Most municipalities are in very straitened circumstances and it is only by careful attention and close questioning of these indigent patients that we can assist the municipalities by separating the real indigent from the man, who, while a property owner, is unwilling to assume any responsibility towards his debts merely because he has no ready money in his pocket. We cannot hope to receive assistance from the municipalities to the extent of keeping their hospital accounts paid unless we are willing to co-operate in every possible way.

Patients should be given to understand that they are expected to pay every cent they can possibly muster towards their account. A special effort should be made to collect the operating room fee, the labour room fee, fees for special treatments as for example: the quartz lamp, laboratory fees, and any other extra item for which the hospital is compelled to charge an extra fee. Patients should be promptly reminded of the dates on which instalments are due and great care should be exercised in doing this diplomatically, otherwise it is comparatively easy to make active and vociferous enemies and the harm done far out-balances what little money the hospital may be attempting to collect.

It is only natural, of course, for a hospital to refuse to consider spending money when "economy" is the cry. But it should be remembered that spending isn't wasting and that the losses incurred by the continued use of worn out unsatisfactory equipment represents many kinds of waste: undependable service, unnecessary use of supplies, longer time for results, more personnel required and other kinds of waste. When all this is considered we cannot ignore the fact that a large loss is constantly taking place.

One of the best ways to stretch the hospital dollar is to discard obsolete equipment, supplies and methods, and to use new devices and articles for which definite savings are guaranteed. The reduced cost of some supplies and materials, especially food-stuffs, is a very favourable factor, but, here again, great care should be taken in the matter of buying for, it should be remembered, that the cheapest is not always the most economical in the long run. It pays to buy the best material you can get for the money you have to spend.

Most superintendents and all who have had fairly long experience realise the wisdom of keeping the maintenance department at full strength and activity. It always pays to keep buildings and equipment in good condition. Apart from the harm done

(Address given at annual meeting of the Manitoba Hospital Association, 1931.)

to the buildings themselves nothing so undermines public confidence as an institution that has a shabby down-at-the-heel appearance. A building that is old, but, in good repair and immaculately clean reflects much more credit upon the management than an institution that is new and in good repair. Maintenance problems of a hospital never end and much of the grief of the superintendent is due to the emergencies and to the constant repairs necessary for equipment and machinery.

Constant inspection, at least once a week, of all taps, boilers, heaters, etc., is worth considering, since "a stitch in time often saves nine!" Hence, just as it is economically and socially an act of wisdom to prevent sickness, so in the same measure is it of the greatest importance to prevent the breaking down of hospital machinery and the deterioration of hospital property before these accidents occur.

Deterioration in the physical plant takes place so rapidly that but a few months of neglect are necessary to bring about a need for the outlay of an inordinate amount of money for repairs. An axiom to be kept continually in mind is this: Attend to the repairs, and replacements will care for themselves.

To grow, hospitals should study the needs of the community and try to meet these demands one hundred per cent. There is certainly a need for a good laboratory even in the small hospital. The laboratory not only provides important diagnostic aids, it is also a sure source of revenue. The cost of laboratory service can easily be determined and a price set that will cover the cost and operating expenses.

Last, but not least, the hospital pocket book can be helped by keeping the public informed as to the cost of hospital care. Hospital superintendents should avail themselves of every opportunity to speak on the subject. I find women's auxiliary meetings to which our very much alive president invites the general public whether they are members or not, an excellent medium. When the public realises that hospital care, while at times expensive, is cheaper when its service is considered than any other service offered today, money for the purpose may be a little easier to procure.

TOMATO JUICE AS A SOURCE OF VITAMINES

Every intelligent person is aware of the value of orange juice as a source of vitamine C, but the value of tomato juice is not equally well known. Dr. Donald Paterson, whom Manitoba may claim as a son, in his book, "Sick Children," published in 1930, writing of the treatment of infantile scurvy, says:

"Vitamines in the form of orange juice, grape juice, grapefruit juice or tomato juice should be given."

In the latest (1926) edition of Holt and Howland's "Diseases of Infancy and Childhood" is this statement:

"An efficient anti-scorbutic is the juice of canned or fresh tomato, which (carefully strained) may be given in about the same doses as orange juice."

"If it's canned, it's fresh," is the commercial canner's way of expressing the fact that canned tomatoes, for example, are actually more truly fresh than are the uncanned tomatoes usually available in the stores. Moreover, canned tomatoes are really ripe, and it is a maxim that natural ripeness is necessary to achieve the finest flavour, and that, in turn, finer flavour is proof of greater healthfulness. Tomatoes for canning are grown close to the canning plant. Instead of being picked green and shipped in that condition to distant markets, these tomatoes are sun-ripened and then picked and packed the same day, thus retaining their garden freshness as well as their flavour perfection due to perfect ripeness.

In these days, when it is needful to get one hundred cents' worth of value for every dollar, canned tomatoes supplied by Canadian canners may well be considered as a substitute for the juice of imported oranges. Adults, as well as babies, can readily enjoy tomato juice cocktails, and the thrifty housewife can make good use of the solid portion left after straining.

(Manitoba Medical Bulletin, June, 1931.)

Impressions of a Refresher Course

The first Refresher Course for Nurses in Manitoba, sponsored by the Manitoba Association of Registered Nurses and the Department of Public Health and Welfare for Manitoba, was held from July 6th to 17th inclusive. The University of Manitoba very generously provided accommodations for all lectures. A total enrolment of two hundred nurses was announced.

At the completion of the course a number of nurses were asked to write their impressions of the course. These contributions have now been received and are published herewith from the point of view of five nurses, each of whom possesses a somewhat different background, one from the other, as: 1. One with a university course in teaching in schools of nurses; 2. One with practical experience only in teaching in schools of nursing; 3. One with a university course in public health nursing; 4. One with several months special training in the public health field under the direction of a nurse with university public health education; 5. A nurse newly graduated, with a Bachelor of Arts Degree.

I

Self-analysis has become a byword among nurses all over Canada and United States during the last year owing to the questionnaires, etc., sent out by the Grading Committee in U.S.A. and the Joint Study Committee in Canada.

What could be a better incentive for self-analysis than the refresher course for graduate nurses held in Winnipeg during the first two weeks in July? It has reminded us all of what our great leaders have accomplished for us, and how we must strive to carry on their work as well as to provide for the vast improvements we must perfect in our organisations in order to establish even sounder foundations for those who are arising in the profession and will follow in their paths.

Miss Gray, from the University of British Columbia, gave to the Manitoba Association of Registered Nurses some very valuable advice regarding the establishment of a chair of nursing in a university. This advice, along with the excellent lectures given by Miss Lenore Bradley, of Teachers College, New York, on the Principles of Teaching, has made us all hope for the establishment of a Department of Nursing in the University of Manitoba now that this institution has an extensive building programme underway. Miss Bradley brought to us a vast amount of material which was not only applicable for teachers but for us all in our daily conduct of professional life.

Miss K. W. Ellis, of Winnipeg, outlined some of the important current problems in a school of nursing and stimulated some very intelligent discussions. These discussions in a mixed group served to remind those nurses who have been away from schools of nursing for several years that not only have the methods of teaching and supervising changed but that they have been changed to conform with current conditions such as the advance in medical science, economic conditions and the student herself has experienced a newer method of preliminary education and the home environment has changed.

The lectures by the medical men, also Miss Pickersgill's lecture on Diet and Disease were not merely "refreshers" but to a great number were informative. They stressed the many changes which have taken place in medical science and should another course be planned for next year could not more time be allowed for these subjects, as I noted the keen interest displayed by the private duty nurses.

Another interesting feature of the programme was the demonstration of a class of student nurses in Bacteriology, being taught by a senior

student nurse of the Winnipeg General Hospital under the guidance of the instructor. A great deal is being said and written at the present time regarding the selection and development of those who will assume the responsibility of teaching in our schools of nursing. If we can select from our student bodies young women who have teaching personality, scholarship and professional ideals and give them some experience in the teaching of nursing subjects, how much better prepared they will be to adapt themselves after graduation should they decide to work towards a university degree or a course at a teachers' college.

May I suggest that two additional subjects be included in the programme for next year? One is the Principles of Supervision, the second is Advanced Ethics. The Principles of Supervision would embrace the duties of the head nurse and would undoubtedly assist her in applying the Principles of Teaching. It is logical that the most effective teaching may be done on the wards by the head nurse. She is responsible for the nursing care of the patient and she is responsible for hospital property. She comes in contact with the attending doctors; she is also in closer contact for a longer time with the student nurse than any member of the hospital staff. It is the head nurse who can correlate the practice of nursing with the theory taught in the class room by use of the morning reports, case assignment methods, case studies and bedside clinics.

A prominent educator in the United States tells us that one of the fundamental attitudes of teaching is friendliness, and this was exemplified during our visits to the various hospitals. Our hostesses on all occasions were most gracious in extending the hospitality of their institutions, leading us through the various departments, exhibiting their equipment and explaining their methods. These tours of inspection terminating in a social hour at tea prompted a feeling of good fellowship and sympathetic understanding among us all. Let us hope that this spirit of co-operation will be permanent and that we continue the process of self-analysis in order to insure a safe solution of our problems of today as well as those of tomorrow.

II

Congratulations to the Manitoba Association of Registered Nurses, which, in conjunction with the Department of Public Health, made possible the recent refresher course for graduate nurses. It was a most interesting and worth while achievement. Judging from the large daily attendance it was evident that success had crowned the efforts of all concerned.

The nurses of Manitoba were most fortunate to have such a wealth of professional knowledge conveyed to them by expert and vivacious speakers. The broadening information and valuable assistance derived from the different lectures and demonstrations, suggests the amount of time and forethought expended in planning and executing a programme of such interest and variety and so suited to fulfill the requirements of all present.

While I regret my duties interfered with regular attendance, I am looking forward to the opening of the fall term in our school of nursing, when I hope to put into practise much of the valuable information derived during the course.

The points repeatedly stressed and deserving the earnest consideration of every nurse were:

First, the absolute necessity of advanced education for both student and graduate nurse; an education without which it will be impossible to attract the most desirable type of woman.

Second, the realisation of the fact that every nurse is a teacher, not only of the student, but of the community. In the past, nurses have perhaps been

a little too reticent about the information they have to offer.

Finally, the nurses in attendance could not fail to be imbued with the desire to go forth and aspire to greater efficiency, thus being better prepared to propagate the traditions of their noble profession.

III

The Refresher Course for Graduate Nurses, held in Winnipeg, must be considered as one of the most worth while educational projects sponsored so far by the Manitoba Association of Registered Nurses.

It is not an easy task to arrange a programme of lectures suited to the needs of the various nursing groups. Each section, however, seemed to receive full consideration by the promoters of the course.

The Public Health Nurses' programme did not include many except closed sessions. We met, however, with the general group each morning from 10 to 11 o'clock when we received lectures on Principles of Teaching. This subject was very thoroughly dealt with by the special lecturer, Miss H. Lenore Bradley, and was, I think, the outstanding feature of the course. Since nurses are consciously or unconsciously teaching most of the time, it is necessary that we obtain all possible information on the best teaching methods. Miss Bradley very successfully condensed her subject to cover the wide field in ten hours, and we agreed with the nurse who said, "I have learned more in one hour at this course than from a term of lectures on psychology."

An extremely important feature of the course for public health nurses was the illustrated lectures on teeth by Dr. Livingstone, who under the Canadian Dental Association is conducting school dental clinics in the outlying rural areas. We were reminded of the fact that prevention of dental defects can be such a strong factor in the programme of disease prevention. Since the watchword of the public health nurse is prevention, we are extremely interested in any subject relating to the maintenance of health.

Our outlook on the field of mental hygiene became more hopeful, having had a few lectures from Dr. A. T. Mathers, psychiatrist for the province of Manitoba. The many suggestions which he gave regarding the prevention of mental hazards stimulated our interest and we returned to our districts keenly anxious to promote child study classes of habit training programmes.

Excellent lectures on infant, preschool and school child hygiene by our leading children's specialists were much appreciated. Having had the pleasure of observing a demonstration on newer methods of treatment in hospitals, most of the group felt they had trained too soon!

In summing up the advantages of the time spent attending lectures and demonstrations, I would emphasize the pleasure of meeting with nurses interested in other phases of work and the inspiration of listening to special lecturers on the latest developments in the medical world.

Since medical science is developing so rapidly, is it not necessary for the nursing profession to keep pace? While constant professional reading is imperative, lectures arouse new interest, and we are shaken out of our mental lethargy and stimulated to read further.

IV

Those of us who attended the Refresher Course for Nurses, held in Winnipeg during the early part of last July, came away day after day with the assurance that we had gained something.

The manner in which this course was conducted and the presentation of the various subjects made one realise more and more the help which courses of this nature can be to the nurse and the nursing profession.

One of the most outstanding speakers was Miss Lenore Bradley, who pointed out the importance of "The

Principles of Teaching." In spite of the scope of the subject and the limited time at her disposal, one could not help but be impressed with the necessity of more study along this line of education. The lecturer stressed that not only in the nursing profession, but in every walk of life the teacher must know her class individually, not only what each is at present, but what each was before entering the school; this knowledge being of immeasurable aid in the treatment of each student.

Lectures on Social Legislation and Mental Hygiene were also of great benefit, particularly to public health nurses, and I feel quite justified in saying that these lectures cleared away many difficulties for us all.

Those members of the Manitoba Registered Nurses Association responsible for this venture are to be heartily congratulated on its success, for it is with the keenest anticipation that we look forward to the next refresher course.

V

We are a knowing group of young women just recently thrown out on the world. Having just written our R.N. examinations we have a feeling of superiority—we are nurses now! You old nurses who graduated in the past, you were well trained—but not as we were. The old, old story! Is there any serum which will assure immunity to that megacephalic condition of the newly graduated?

In spite of this conceited twist to our natures we responded to a notice posted on the bulletin board bearing the familiar initials, "K. W. E." Maybe "J. E.G." are more familiar to some folks, but further back than that we dare not go. Now, whether our response was due to intellectual stimuli or to a more mercenary one we cannot say, but regardless of motives, ulterior or otherwise, we found ourselves once again in the familiar and friendly Home which meant so much to us in training. There was, however, one happy difference—we didn't have to dash from the corner to get in by 9.59 p.m., and run the risk of an untimely end due to paroxysmal tachycardia. Once established, we found ourselves attending lectures and soon we realised that our grey matter was not over-developed but very much under-nourished.

The short courses were invaluable. The talks on Public Speaking were most entertaining and instructive and the lecturer a living example of her teachings. In three brief discussions the whole subject on "Diet and Disease" was clearly portrayed. The introduction into the legal field was stimulating, and even cold figures were made warm and inviting in the lecture on Statistics. The problems of the smaller institutions proved a revelation to us of the larger hospitals—of such difficulties we never dreamed. The discussion on Mental Diseases was very enlightening, and especially interesting to those of us who had psychopathic training. In bringing before us the advantages of establishing a Chair of Nursing in the University, the speaker impressed upon us the fact that our profession has risen to a higher educational standard than ever before—it is up to us to allow no back-sliding.

The course on Principles of Teaching—funny, wasn't it? In the first few lectures we were not keenly interested, because the facts were so simple, and we expected something very complex. As time went on, however, these apparently simple facts became interwoven in a vastly intricate and interesting pattern. When the lectures were over we experienced a feeling of bewilderment and we wanted to complete this psychological pattern of the human mind.

The social side was not neglected, but was pleasantly intermingled with constructive demonstrations at the various hospitals. To us these were fascinating, for we have not had experience in hospitals other than our own. The visits stimulated thought and made us look on our own institution with a spirit of friendly criticism.

This has been a refresher course to some of the older graduates, but to us

it was an introductory one. The discussion on Current Problems brought home to us the need for co-operation between the different branches and at the same time showed us an amazing picture of our profession. The realisation has come to us that after a pleasant, and perhaps at times a precarious journey through training, graduation was not the end but the beginning. The refresher course opened this gate a little wider and put before us the many opportunities awaiting us in our chosen field.

The Value of the Social History to the Psychiatrist

By ISABEL J. DALZELL, Children's Psychiatric Worker, Division of Mental Health, Dept. of Public Health, Toronto

A knowledge of the social background of the individual requiring psychiatric advice is of invaluable help to the psychiatrist. It is necessary for him to know outstanding facts of heredity and environment, a picture of the conditions under which the individual has lived, what physical and mental influences have operated to produce his present state of development and how he has reacted to those influences.

The family history should include the date of birth and nationality of both parents, their religion, education, intelligence, health, habits, personality traits and any nervous or mental illness. The influence on the life of the patient of relatives, especially that of grandparents, aunts, uncles, sisters and brothers. The education, behaviour, health and occupation of these relatives must be noted.

The social history should give a picture of the home, describing the type of neighbourhood, financial situation, attractiveness and general atmosphere of the home; stressing the attitude and behaviour of the household members to each other and toward the patient.

The personal history should be very complete, containing the exact birthdate, the early development of the individual, any unusual conditions of pregnancy and birth, breast or bottle feeding, age of teething, walking, talking, any nutritional difficulties and age of sphincter control.

Physical health being inseparable from mental health a record is required of any illnesses, serious injuries, fainting spells, convulsions, chorea and particularly any disease of acute infection with continued high fever, or any undiagnosed illnesses. Added to this the habits, sleeping arrangements, any disturbance of sleep, food habits, and those such as nail-biting, thumb-sucking, stuttering or ties.

If the patient is an adult the psychiatrist wants an account of the positions held, proficiency in and liking for various jobs, wages, employer's opinion, interest and recreation.

If the patient is a school child the academic record should be clearly stated, the attendance whether regular or irregular, ability in subjects, teacher's opinion of pupil's application, teacher's attitude toward child, this is very important as sometimes there is a personality conflict that will prove a very definite barrier to effectual adjustment, record of behaviour, e.g., any stealing, obscenities, emotional outbreaks, gross deception and a description of personal traits concerning: (1) energy, (2) self-assertion, (3) attitude towards self, (4) attitude towards others, (5) attitude towards reality, (6) moods.

The complete history of the patient should be classified under the following main headings:

Family History,
Home and Home Conditions,
Personal History.

The above picture of the life of the individual will serve as a guide to the psychiatrist who is interested not so much in the patient's actual behaviour as in the motives or circumstances leading up to such behaviour.

Department of Nursing Education

The Value of Intelligence Tests and High School Records in Selecting Student Nurses

By SISTER JOHN GABRIEL

It is my happy privilege to be with you today and to take part in your annual programme. I do not feel that I have anything new to contribute at this time. I think we are all following the reports of the Survey of Nursing, both in Canada and the United States, and we are all looking forward to the outcome of these studies with a high degree of enthusiasm.

I was very much interested, however, in reading Dr. Weir's report to the Canadian Nurses Association meeting in Regina in June, 1930, and I would like to share with you today some of the thoughts that occurred to me in connection with what I consider one of the most significant findings of the Survey; that is, the grade of intelligence of the young people who are electing nursing as a profession, some of whom Dr. Weir found in the schools of Canada and whom undoubtedly Dr. Burgess, under like circumstances, would have found in the schools of the United States.

The psychological examinations given to the students in schools of nursing scored figures that we of the profession dislike to recall when we think of them in relation to scores made by students of the same age in other schools. Dr. Weir points out in his report, that in a group of 704 nursing students, representing small, intermediate, and large training schools in a province, that he liked to think in some respects as being the most cultured province in Canada, the median was only 98.28. When we compare those figures with those of 1,093 grade XI students in British Columbia, having a median of 100.9, and 568 normal school students having a median of 104.9; 400 first-year medical students at the University of Toronto having a median of 112, and a group of students in education having a median of 136, are we not ready to agree with Dr. Weir that while the place of nursing education on this list is not altogether disgraceful, it certainly is not enviable!

In the light of such a discovery, does it not seem a hopeless task to spend so much valuable time discussing curriculum construction when it would appear impossible to adjust the curriculum of any professional school to a like grade of intelligence? Think of the energy expended on the study of modern methods of teaching for schools of nursing today: what method of teaching, I ask you, will penetrate the brain of such an individual? Then there is the question of finding a balance between theory and practice: is this not all lost in the face of such a situation? It would seem to me that if we have at heart the saving of our high calling from degenerating into a commercialized trades union we should place more importance on the type of material that is being admitted to our schools

(Read at the Annual Meeting, 1931, Graduate Nurses Association of British Columbia.)

of nursing and make it our first point of attack.

The prevailing conception that any kind-hearted, dependable, self-sacrificing, agreeable young woman can make a nurse, even if she cannot grasp all that the curriculum prescribes, is dangerous and misleading. In these days of rapid progress and advancement, modern medicine is becoming so complex that nothing less than a high grade nurse, with ability above the average, can hope to be able to comprehend and interpret the scientific and technical treatments now prescribed for the sick. The nurse cannot afford to be very much in the rear of the doctor in intelligence and education today; the professions are too closely allied one to the other to permit one getting very far ahead of the other. The nurse must understand the language of the doctor, as together they struggle for the health of the nation and the life of the patient.

The nurse's education will never reach a point where it will teach her to prescribe for the patient no more than the study of medicine will prepare the physician for the ministry, but it will make her a better instrument of service, with standards and ideals peculiar to her own professional field.

Although psychological authorities are not unanimous upon the technical interpretation of the term "general intelligence," all are agreed that it should designate the inborn capacity of an individual to adapt himself to new situations in life, and this in turn is very closely related to the ability to learn. Most educators agree with Binet that intelligence shows itself in the ability to judge well, to comprehend well and to reason well. These essential activities of intelligence determine the success or failure of the individual or the organisation to a greater extent than any other part of collective effort. These are the guiding forces in the affairs of life. They are not peculiar to any profession or occupation, but they are particularly essential to the nurse whose contacts call for these three qualities on a very high level.

The ability to judge well means, in other words, the ability to use common sense: common sense is the congener of judgment; the operation of the mind involving comparison and discrimination and by which knowledge of values and relations is formulated.

Common sense and judgment have as their background knowledge, without which neither one nor the other could function; to comprehend well is to know exactly what is expected of one, as well as how one should do it and why it should be done; this latter also involves reasoning powers, the inquiring into the eternal "why" of things. It is this power that makes facts take on a new meaning, which gives them the vitality that translates them into action and stamps the possessor forever as a student and a leader. Such an individual finds real joy in his work. Commercialism can never tarnish the work in which joy has a part; that type of work is done for the love of the activity, not especially for any personal gain to be derived from it. Such love grows out of a mental attitude the primary aim of which is service.

Service is the watchword of the nursing profession, and if we are to give intelligent service we must have intelligent nurses, and if we are to have intelligent nurses we must exercise discrimination in the selection of those who apply for entrance to our schools of nursing. The only available means within our reach at this time to determine the kind of material we are admitting to our schools of nursing are the intelligence tests and the high school records. While those of us who have been trained in the use of the intelligence tests know their limitations and how they can be misinterpreted and misunderstood, still in the larger number of cases they do enable us to diagnose, at least approximately, the mental conditions that make for probable success or failure.

The high school record, as the second means at hand to estimate the type of material with which we have to work, is very inadequate in itself unless it is carefully studied on the basis of, not how many years the student spent in school, nor how many subjects she took while there, but rather what she accomplished in the time and with the subjects she studied. That an applicant graduates from a reputable high school, is no assurance that she can carry the subjects outlined in the curriculum of a school of nursing. The high school diploma is no universal panacea that will make all things easy and simple to grasp now regardless of difficulties in studies previous to graduation. My experience is that the "A" student in high school is usually the "A" student in the school of nursing, and the failing student in high school is generally the failing student in the school of nursing. It is very important then to make sure that we have the accomplishment record of each applicant, and that we give ample time to the study of it before admitting the student, and would it be too exacting to ask that this record shows the student made such grades as places her in the upper third of her class? This requirement, it seems to me, is only justice to the young woman, for later if she wishes to take advantage of any of the numerous and varied courses offered in higher educational institutions she will find herself denied admittance in many institutions if she cannot present high school grades placing her in the upper third of her class. It seems to me that any adventure that would bring about such a deadening effect on educational development would be disastrous to the profession.

In conclusion permit me to say that we should face with courage our problems in order of their importance, and unite in an honest endeavour to make our educational system justify itself by its results.

Suggested Curriculum for Schools of Nursing in Canada

SECTION II

This curriculum has been prepared by a committee of the Nursing Education Section of the Canadian Nurses Association, and is arranged so that it may convey as clearly and simply as possible an outline of both the practical and theoretical course, with such suggestions and comments as are thought helpful.

The skeleton course of study with the number of hours for each subject, will be published in successive numbers of *The Canadian Nurse*, according to preliminary, junior, intermediate and senior terms, the first year outline appearing in this issue.

Brief outlines of each course are being prepared and at the completion of the publication of these articles, copy of outlines may be procured from the Secretary of the Nursing Education Section, Miss Frances Upton.

In presenting these outlines, which are little more than headings, but which would be a guide, it is realised that too often when there is a change of lecturer or instructor, the continuity of teaching is broken and the variations in content of subject matter is too great. This is particularly apparent in lectures given by members of the medical staff. Also in the more advanced subjects there is often a tendency to stress the medical and surgical points rather than the nursing care and methods.

Reference is made to certain recommended subjects which, although valuable are not compulsory and are not always available.

Then follows the arrangement of field work or ward experience, but

here again no very definite rules can be laid down as the arrangement of services in one hospital varies considerably from that of another.

In all other than hospitals attached to medical schools where it is usually possible to receive quite generous contributions by whole-time lecturers, it is advised that as many subjects as possible be given by members of the nursing staff (who should be specially prepared to present these subjects.) For instance, in many schools anatomy and physiology are still being taught by doctors. This subject, which is the basis of the entire nursing course, requires repetition, grinding and quizzing, for which few medical men could possibly find time. In the outline fifty to sixty hours is suggested and yet many instructors will admit that they give as many as one hundred hours to this subject.

Preliminary or Probationary Term:

The four months probationary term is practically universal but there is considerable variance of opinion as to how long preliminary students should be in the class room before being assigned duties on the wards. It is generally conceded that for the first four or five weeks probationers should not carry out practical work for patients —or at least not until they have had sufficient practise in the basic nursing procedures, such as bed making, bathing of patients, morning and evening routine care, etc. This period in the classroom also gives the student time to master the heavier theoretical subjects and to have organised and uninterrupted study periods. Due consideration must be given to just how long the interest of the students can be kept up without contact with the patients, but the committee agrees that students should not go on the wards at all until they have had at least part of their courses in anatomy, hygiene, chemistry, practical nursing and ethics. When first assigned to ward duty, five hours of practical work—usually arranged from 7 to 9 a.m. and from 4 to 7 p.m.—allows seven hours for class, study and recreation.

Junior Term:

This term extends from the fifth month to the end of the first year. During this period which immediately follows the acceptance of the student into the school, the theoretical work can be slightly reduced but it is necessary to give about three hours daily.

THEORETICAL COURSE OF STUDY

Preliminary Term:		
Anatomy and Physiology	50- 60	hours
Bacteriology and Pathology	30- 36	"
Personal Hygiene	8	"
Dietetics	20- 24	"
Drugs and Solutions	20	"
Principles and Practice of Nursing (Theory, Demonstration and Practice) to include Bandaging (Demonstration, Practice) and Institutional Housekeeping	80-100	"
History of Nursing	10- 12	"
Ethics	10- 12	"
Chemistry and Physics	12- 16	"
Psychology	8	"
	248-296	
Junior Term:		
Materia Medica	16	"
Anatomy and Physiology	16	"
Principles and Practice of Nursing to include advanced Nursing Procedures, Charting and Record Keeping	30	"
Massage (Theory and Practice)	12	"
Medical Dietetics	15- 20	"
	89- 94	

(To be continued next month)

Comments on Suggested Curriculum for Schools of Nursing

The course of study, outlined by a committee of the Nursing Education Section, for the preliminary and junior terms, compares favourably with the curricula of the larger Canadian schools of nursing, as regards the major nursing subjects.

One questions the advisability of giving a course of lectures in pathology, until the students have some knowledge of the normal structure and functions of the body, and that those lectures would be of greater interest if they preceded those in medicine and medical nursing, or were given during the same term.

It seems a pity, if we are making a curriculum which is being suggested as a standard for schools of nursing in Canada, not to consider more closely the needs of the nurses, and of the community in which they will function after they graduate. This is the day of preventive medicine, and nurses are taking their places among the workers in the great field of public health. All nurses, undergraduates and graduates, should be capable of spreading the gospel of health, and it would seem necessary that a good course in health education should be included in the curriculum, instead of limiting the lectures in the preliminary term to eight hours in personal hygiene. As the outlines for the intermediate and senior years are not yet available, it is possible that more time is being given to this subject later on in the course.

In schools where at least thirty hours are allowed for chemistry, the lecturer feels that he is giving a very elementary course. If the teaching of chemistry must be limited to twelve or sixteen hours, would it not be better to leave this subject out of the curriculum, as it will only result in a waste of time to student and lecturer? Why not replace it by a series of lectures in mental hygiene as it is important that nurses be taught early to consider the mental as well as the physical aspect of ill health.

A course in mental hygiene should be preceded by the lectures in psychology, but an eight-hour course in the latter subject must be well prepared and presented, if one is to be assured that time is not being wasted.

It is suggested that the students in the preliminary class be given no ward experience until they are proficient in elementary nursing care. It has been found helpful in one school where students are not assigned to regular ward duty for six weeks after admission, to send them to certain wards at the end of two weeks, under the supervision of instructors who provide opportunities for the practice of nursing care which has been demonstrated in the class room. By this arrangement the student nurses gradually become accustomed to the ward atmosphere and learn something of daily ward routine.

In the outline for the junior term, it is stated that three hours of class work daily will be required. This would be impossible to arrange in the majority of hospitals. A second class is usually admitted in February and neither classrooms nor instructors are available to carry on work with the junior nurses to this extent, nor could the nurses be spared from the wards for three hours daily, in addition to time off duty. As at least five months are available for this term, it is possible to complete this course by giving four lectures a week. It is wiser to increase class periods in the preliminary term and limit the lecture periods in the junior term to three hours each week.

We are endeavouring to build a good curriculum in our attempt to equip our students to carry on their

professional life after graduation, but in many hospitals the requirements of the curriculum are still impossible to meet, owing to existing conditions, and the attempt to teach all it includes, frequently results in overstrain for nurses, inadequate care of patients, and criticism of our modern system of education. The preliminary course is necessary if the course of instruction outlined is to be taught, but, it usually results in a shortage of nurses on ward duty in those hospitals where neither graduate nurses nor ward attendants are provided to replace nurses graduating and until the students in the preliminary class are ready for assignment to wards for their practical experience.

Have we made a mistake in attempting to establish a professional standard of nursing education before making sure that the budget necessary for its maintenance is available? It would seem that further education of the public is necessary regarding the importance of the place of the professional nurse in all movements relating to public health, and the knowledge she must have if she is to serve the public effectively. Modern health movements have created a demand for the modern professional nurse and her education must come to be recognised as a matter of national importance.

E. M. S.

In *The Canadian Nurse* for September "How to Make a Curriculum for Schools of Nursing" is brought to the attention of all graduate nurses of Canada.

Those of us who are at present occupied as teachers of nurses should be vitally interested and possibly be in a position to contribute toward progress.

Choosing for comment "Standards of Admission to Schools of Nursing," it seems that our standing should be junior matriculation as a minimum, plus young women with high standards of life. It is stated that seventy-six per cent. of superintendents of nurses in the United States feel that student nurses do better nursing than graduate nurses. Does this mean that there are women of the wrong type entering our schools or that the present educational programme needs revision? It does seem that most of the criticism concerns the graduate nurse doing private duty in homes. Is it the lack of organisation or supervision of this group? In contrast the Victorian Order group of nurses, who are organised and supervised, doing beside care in homes, are highly praised for their good work.

It would seem, then, that in preparing students for future work (for we do want to feel that our graduate nurse is preferred to the student nurse) probably some guidance and practical experience could be arranged during the last months of the hospital course for professional nursing in homes. Too often the universal distaste for private duty in homes is a justifiable one. Younger nurses feel they may be unequal to what may be demanded of them, both from a practical and psychological viewpoint, and often refuse to undertake the nursing of the sick in their homes. Unfortunately, this reflects not only on the nurse but on the nursing profession; but is it not probably due to incomplete preparation in the basic course?

Quoting from "Nurses, Patients and Pocketbooks":

1. "Because there are no bars to private duty, because it is a free-lance occupation open to all-comers, there are at work as private duty nurses today:

   (*a*) Some of the finest women in the profession, who select private duty because they love it;

   (*b*) Many young girls who have gone into private duty, not because they love it but because they are attracted by the high initial earnings;

(*c*) Most of the women who are not eligible to public health positions or institutional supervisory jobs;

(*d*) The free-lance individualists, who avoid any form of group activity because they want to be their own masters;

(*e*) The incompetent, the stupid, the graduates from schools so poorly run that they are, in fact, not schools at all;

(*f*) Graduates of correspondence school courses in nursing;

(*g*) So-called "practicals," students who failed or were expelled from training schools: low grade women who see in private duty a chance to raise their social standing and who, in some cases, have never been in a hospital: women who have been maids in hospital and picked up a smattering of nursing technique."

Near at hand we have Professor Weir's report, which will be our text for help, as has already been "Nurses, Patients and Pocketbooks," by Dr. Burgess. In the latter it states that "leading educators of their country, viz., a principal of a famous high school for girls in one of the largest cities, is quoted as having stated in an educational meeting that his school had always been puzzled to know what to do with the feeble-minded or incorrigible cases. He went on to say that the problem had been most happily solved by sending the girls into hospital training schools where the discipline was excellent and the girls were well taken care of."

Parents with similar problems also have been advised by school authorities to send their daughters to hospital training schools.

It is a real difficulty to deal with students whose ability is not capable of adaptation along nursing lines. If we can convince educators to discourage rather than encourage a student who presents such a problem, could it be arranged by our provincial departments of education that there should be established in the high schools a course of matriculation in nursing, comprised of some of the basic sciences which would prove a good foundation for future work? Gradually schools for nurses could demand this special matriculation course as the preliminary education of applicants.

If this scheme in the educational programme of the high schools could be adopted it would go far toward improving and standardising the requirements for admission to schools of nursing.

M. D.

Reference: Chapters 20, 21, "Nurses, Patients and Pocketbooks": 1, pp. 440-441; 2, p. 472.

[Editor's Note: The Suggested Curriculum for Schools of Nursing in Canada is being prepared under the direction of a committee composed of members of the Nursing Education Section, Canadian Nurses Association, with Miss Grace M. Fairley, convener. Readers are requested to note further comment is invited on instalments of the Curriculum already published in September and the present number of the Journal.]

Department of Private Duty Nursing

National Convener of Publication Committee, Private Duty Section,
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A Few Points in Pre- and Post-Operative Gynaecological Nursing

By J. J. MASON, M.D., Vancouver, B.C.

The surgical gynaecological case is usually sent into the hospital eighteen to twenty-four hours previous to operation. It is the duty of the nurse in charge to note the appearance of the patient, whether pale, dyspnœic, weak, restless, œdematous, etc. The temperature, pulse and respiration are taken. The surgical bath is given. Unless otherwise ordered, an enema is given. It is our practice to order Methylene Blue gr. 5, to be given by mouth, twelve hours before operation. This orientates the intestine, ureters and bladder, if by any chance the surgeon accidentally injures any of these in the separation of adhesions or the enucleation of pelvic tumours. The patient's mouth and teeth are carefully cleansed. If any abnormal condition of the skin is present it is noted. If the patient is very restless or sleepless, an order for a sedative should be obtained. Every effort should be made by the nurse, before operation, to fuss as little around the patient as possible, to see that her sleep be undisturbed, to see that the bed is comfortable, the room well ventilated and disturbing sounds and light excluded.

Just before operation the nurse should note temperature, pulse and respiration. Any coughing, sore throat or the presence of any abnormal bleeding should be recorded. The patient should void and the amount of urine be noted. When the carriage comes for the patient a hypo. of morphia gr. 1/6, atropine gr. 1/150 is commonly ordered and should then be given.

During and after the operation the patient should be protected against chilling. Moist gowns should be replaced by dry, warm ones. The head should be kept low and the aspiration of vomitus and mucus prevented. The patient should not be kept so warm as to give her a Turkish bath as the loss of fluid through excessive perspiration is weakening to her. As soon as she appears restless morphia gr. 1/8 is usually given and ordered to be repeated as often as necessary for subsequent two or three days. Frequent note is made of temperature, pulse and respiration, colour of patient, condition of skin, etc.

If the patient has not voided in twelve hours, the order is usually left to catherise the bladder. A medicine dropper-full of 2 per cent. mercurochrome is instilled into the urethra before the catheter is passed. The catheter, preferably, should be a medium to small sized soft rubber one that is not too flabby. It should be sterile and sterile oil or vaseline used to lubricate the tip. Under a good light, with the patient in the dorsal position and thighs as wide apart as possible, the labia sepa-

rated with the thumb and index finger of the left hand, the catheter, held about two and a half inches from the tip, can be passed without contamination. Remember that the urethra is only one and a half inches long. Note is made of the amount of urine. The catheter should be passed frequently enough so that the bladder does not hold more than twelve ounces of urine. If the catheterisation discloses fifteen ounces of urine it has been delayed an hour or two too long and a shorter interval should elapse before the next catheterisation. In patients who have had to be catheterised the rule of Curtis should be followed, that even after voluntary voiding the catheter should be passed daily, *immediately* after voiding, until there is less than one ounce of residual urine. Often after a few days of catheterising, when the patient voids she only passes part and the remainder, increasing as time goes on, results in twenty or thirty ounces of residual urine that becomes contaminated and is responsible for many of the post-operative cystitis cases that are so frequently blamed on the nurse's technique. If a perineal dressing has been used it should be dispensed with as soon as possible as we believe it is a potential danger to a vaginal or perineal wound, being one minute against the anus and the next against the vulva.

Fluids by mouth are usually withheld for twelve to twenty-four hours and sometimes longer, as the case indicates. Clear tea or hot water, later broth, lemonade or orangeade, are soon appreciated. Keep the mouth clean and as soon as the patient is able, chewing gum helps the salivary glands to function and wards off parotitis, etc.

The Trendelenberg position is often ordered for twelve hours post-operatively, then the flat position and in a few days the head of the bed can be elevated with advantage. The patient should be encouraged to move freely as soon as she be able. Active exercises to the legs and arms are beneficial and passive exercises or massage help greatly.

The bowels may well be kept undisturbed for four or five days as a rule. There is far too much and too early ordering of enemata. On the third or fourth day a glycerine suppository may be effectual and if not a small enema on the fifth day and every second day thereafter is preferable to laxatives.

For some time we have been following the advice of Walters in administering thyroid extract to stimulate circulation and lessen the tendency to embolism and thrombosis. Active and passive movements are ordered also for the same purpose. The dressings are usually changed on the sixth or seventh day if clips have been used but the wound should be securely strapped for another few days. After the first few days the diet is gradually increased as well as the amount of fluids.

Rest and Recreation

By MADALENE BAKER, London, Ontario

"It is an extremely tedious case—my patient is not showing the progress she should, and I feel literally exhausted." This is a frequent comment made by the private duty nurse.

It is true that after weeks, sometimes months, of careful watching and waiting, the nurse in charge feels the reward has been small, for with the progress of the case retarded, the edges of the patient's temper frayed to a frazzle, and the family lamenting the drain on the exchequer, the nurse finds herself face to face at every turn with a solemnity only equalled by a funeral. She alone is the sunshine spreader in the little circle where trials and troubles have invaded.

It is with great difficulty she maintains the necessary standard of the private duty branch of the profession, for a nurse is expected to show the wisdom of Solomon, the tact of a diplomat, the sympathy of the Good Samaritan, the firmness of a sovereign, the dumbness of an oyster, and still find time to exploit the physical side of her nursing skill.

Accordingly, if the patient's condition does not show improvement after a certain length of time, in most instances it is advisable for the nurse to procure relief for a week or two, because, unless some miracle is enacted, she will eventually exhaust her reserve of cheerfulness and become the family's right-hand man in looking through that dark blue glass of despair.

She has a specific duty to perform, in addition to her practical nursing, for does not the mental attitude of the nurse—the passing over from the strong to the weak of stimulation—rule by a considerable percentage the healing of physical ills of the patient? The influence of mind upon the actual physical functions has played and still plays a great part in the nursing profession.

The nurse also has a duty to perform to the public through personal attention to herself; not only should she be the example par excellence of physical health, but as well the ultimate source of mental strength, and to accomplish this it is imperative that she have change, rest and recreation.

Another specific requirement of the private duty nurse is great understanding coupled with adaptability. She must remember that unexpected illness tends to uncontrollable nervous family tendencies, which many times become inhuman in their aspect.

We feel certain that if Johnny's mother, who, by her own telling, "did not remove her daily clothing for three weeks" while Johnny suffered from that malady, the mumps, were to take time to view herself as the nurse in attendance after the dear boy's appendix had ruptured, she would understand that the continuous treatment of linseed poultices, periodic gastric lavage, intravenous, etc., had been accountable for the tired nurse performing her various duties in silence. She would realise the necessity of sleep and recreation. It might occur to her that Miss S—— has just come from a "Johnny," that the girl is not moody, but has acquired this disposition from sleeping with one eye open, perhaps from doing without sleep altogether, and that correcting her own attitude towards the nurse's adequate rest and recreation would automatically correct the faults she objects to in the nurse.

On the other hand, where financial circumstances make it a necessity, the nurse uncomplainingly remains on the job for the period of time that is necessary. She gives herself, in the knowledge of her profession, unstintingly to the great cause, comforting and caring for the afflicted. To make this possible it is plain that the nurse must not permit her reserves of either health or cheerfulness to be unnecessarily depleted.

Department of Public Health Nursing

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Recreation and Health

By WINONA WOODS, B.A., Physical Instructor, Y.W.C.A., Moose Jaw, Sask.

At the present time, I doubt if there is any topic which has been and is still being as widely discussed as health. City authorities have shown their interest in health measures by enforcing "clean up" days, providing adequate means for the disposal of sewage, establishing milk stations for undernourished children, free clinics for those who require medical care and are unable to pay for it. Health crusades are carried on incessantly by social workers everywhere. The schools start the health campaign in the first year of the child's school life, and it is continued throughout public and high school.

We may justly conclude that health is a subject that is foremost in the minds of the people—that the importance of health is given world-wide recognition. Thomas Carlyle stated it thus: "Health is a great matter, both to the possessor of it and to others. There is no kind of achievement you could make in the world that is equal to perfect health." The health programmes of the schools seek to impress this upon the child and to instil in him health habits that will be life habits.

Why is health stressed so greatly? Why should we make a daily ceremony of drinking so many glasses of water, of chasing the elusive vitamines in spinach which we loathe, and passing by the tempting pastries for a slice of uninteresting brown bread because it is better for us? Health is vitally important because without it we are handicapped as nothing else can ever handicap us. Health and happiness are inter-related. Poor health is responsible for a large proportion of the retarded children in the schools. Occasionally you may hear of the delicate child who is brilliant to the point of genius, but these cases are rare. A comprehensive survey of health conditions in schools shows conclusively that health and mental efficiency are co-related. Children suffering from malnutrition and general debility when placed in fresh-air schools have shown a marked improvement in their work. The primary aim of the fresh-air schools is health, only two or three hours a day being devoted to instruction. Notwithstanding this, the children on returning to school frequently surpass the children who were formerly their superiors in the work.

Poor health means inefficient work in adults as well as children, and robs every undertaking of enjoyment.

All the health legislation passed by parliament, all the health education or lectures that we can absorb, are of no avail unless we, ourselves, practise personal hygiene. Our health depends on this first and last. Personal hygiene demands regular practice of common-sense health habits—careful consideration of the diet; wholesome food in moderate amounts, depending on the type of work in which one is engaged. It must be a balanced diet, providing nourishment, bulk and variety. Rest before and after eating is important.

(Read at the annual meeting, 1931, of the Saskatchewan Registered Nurses Association.)

There must be proper functioning of the organic systems, such as the digestive system. Good digestion is assured by a careful diet, with lots of exercise to promote peristaltic action and ensure proper elimination.

The mental attitude is important in maintaining good digestion. Good mental habits are as essential to health as good physical habits. It has been suggested that we form the habit of thinking cheerfully, developing confidence, and sincerity and open-mindedness. Fear is destructive to pleasure and leads to constant worry and depression. Working under the strain of worry, whether it be trivial aggravation or real trouble, is rapidly filling our rest sanitaria today. Keep your interests varied, keep mentally alert; nothing is more killing than monotony.

To enjoy health means that we must have a balance of rest, work and recreation. For the average person, eight hours' sleep in an airy, quiet room in surroundings that are conducive to rest and relaxation, eight hours' work under sanitary conditions, and eight hours' recreation, is the ideal programme. The recreation should provide a sharp contrast to one's work, and above all, it should be spent outdoors to derive the maximum benefit from the sunshine and fresh air.

Biologically speaking, our needs today are exactly the same as those of primitive man. How does our mode of living compare with his? Does it provide for those needs in the same way? Primitive man had to live an active, outdoor life. He fished, hunted and carved weapons from stone—always engaged in work that demanded big muscle activity and was performed in the open air. He lived more or less alone—the tribal groups were small, hence there was the minimum nervous strain exacted from him in his adjustment to his fellow men. Primitive man led a life which satisfied his biologic needs. Civilisation has forced upon us an indoor sedentary life: we work in over-heated or under-heated buildings, frequently they are not properly ventilated—never getting our full quota of sunshine. There is an unending strain due to noise, to the incessant rush and hurry, to the constant adjustment to our fellow-workers. "The result of strain, if prolonged, is inevitable feebleness of constitution, vulnerability to disease and loss of efficiency," to quote Alexander Morgan. Professor Lowe says that constant noise is creating a highly neurotic and nervous community, one of the impending disasters of civilisation. When industry was carried on in the home, each worker was keenly interested because he was the creator. Today under the new system brought about by industrialism, the worker is a mere cog in the machinery. He no longer experiences the thrill of achievement, his incentive is gone—the result is a deadly monotony.

These health hazards created by civilisation and industrialism can only be offset by wise use of leisure time. With the rise of industrialism came increase in wealth, luxury and more leisure time. This leisure time must be used profitably for recreative purposes.

Recreation is not recreation at all unless the play spirit is dominant. A tired business man will never find recreation hitting a punching bag, his temper mounting with each blow, or riding a hobby horse, the sight of which he hates. He is getting exercise, yes—but it is work. He would get the same exercise doing something which gave him pleasure and it would be a thousand times more beneficial to him. Never take gymnastics as a dose of medicine. The mental attitude is as important as the actual physical work. Recreation to be true recreation of the individual must provide stimulus for both mind and body, refreshing the one as much as the other.

The body demands a certain amount of big muscle activity to keep the vital systems functioning normally. Let us consider the cycle of changes occurring during muscular activity. The

nerve stimulus releases the potential energy in the muscle. Combustion occurs and the muscle cell is in an acid state and is contracted. To return to the relaxed condition, the alkaline medium must be restored and oxygen is required to do this. Exercise, circulation and respiration are indissolubly linked. In exercise, parallel changes occur in the circulatory and respiratory systems. The muscle cell requires more oxygen—we breathe faster and deeper, the heart beats faster and puts forth more blood at each beat—thus the extra oxygen demand is supplied by the response of the circulatory and respiratory systems. If the waste products from the oxidation process in the muscle cell remains there, it poisons the cell and we experience fatigue. The more work the muscle does, the more waste products are formed, but the circulation has been speeded up and it carries the surplus away to be exhaled from the lungs. Through training, this rate of exchange can be raised to a much higher level than the normal one: this explains why an athlete can run much faster and for a longer time than a person not in condition.

Smooth muscle work demands a good supply of potential energy in the muscle cell, which comes from the food we take into the body, and also a quick release of this energy in response to the stimulus. This readiness to response is known as muscle tone and is affected by the general nutrition of the body. Constant exercise strengthens the neuro-muscular patterns, making the response immediate.

The heart is a muscle and like any other muscle is strengthened by use and atrophies during disuse. When an individual is in good condition, his heart possesses a reserve force that meets undue strain and unexpected demands on it. The heart of a sedentary person does not possess this characteristic and in a crisis it fails him.

Strong lungs depend upon their ability to increase in capacity. Exercises that increase the mobility of the chest wall, thus giving the lungs an opportunity for complete expansion, letting the pure air into the farthest air sacs, are a good safeguard against tuberculosis.

If the waste product is not removed from the muscle cell, it seems fatigued. In localised muscular movements this is very noticeable. Try opening and closing your hand as rapidly as you can for fifteen seconds. Only one muscle group being affected, there is no response from the circulatory and respiratory systems. In muscle activity, where all the major muscle groups are in use, we become breathless; the respiratory and circulatory systems are attempting to meet the new demand for oxygen. The latter type of exercise is much more beneficial than the localised movements because the body as a whole is being used. Leaping, running, jumping, provide much greater physiologic effects than arm or leg or trunk movements.

Games such as basketball, hockey, tennis, badminton, etc., are splendid because they provide so much of this desirable form of exercise combined with mental stimulation. Basketball, as a rule, is played indoors, which is always a drawback, and it is much too strenuous for those who haven't the time to keep in training. Compare the activity of these games with that of archery. The movement in the latter is too localised, but the sport is an outdoor one and chasing the arrows brings in some big muscle activity.

Mat work and tumbling are excellent tonics for a lackadaisical system. They bring the muscle tone up to top pitch, limber up the joints, bring muscles into play that have long been idle. Tumbling develops agility, perfect muscular control, and is one of the most enjoyable things you could ever do.

We should never be at a loss to get sufficient big-muscle activity: rowing, paddling, ski-ing, snowshoeing, skating—just try any one of these, and if you aren't used to vigorous exercise you will realise the next day that you

certainly had enough that time. There is a thrill to ski-ing that carries you away from the ordinary humdrum of life, and you do, for a while, live in the clouds.

A sedentary person should be careful when first starting vigorous muscle activity, and go at it in moderation. The high rate of exchange in the muscle cell, ridding the body of the poison waste materials, is not possible and frequently muscle fibres are torn: that is why we are stiff and sore.

One of the most popular outdoor sports today is hiking. Germany's Health Movement took the initiative and in their systematic programme to rebuild the health of the German nation, which was left so greatly depleted by the Great War, hiking is made compulsory. The whole nation hikes and enjoys it, and many other European countries are following Germany's lead. Remember it is not the hitch-hiking with which we are familiar, but a real tramp, the hikers cooking and sleeping outdoors.

Folk dancing offers one of the most interesting and enjoyable methods of exercising. It is much more popular than other types of dancing because it can be mastered almost immediately. All it asks you to do is fall in with the mood of the music and to put all the energy you can into the dance, and you will get a corresponding proportion of pleasure from it. Aesthetic dancing develops perfect muscular control, endurance, poise, and includes every type of activity. However, it is very exacting, and a certain degree of perfection must be reached before the dancer really enjoys it. Hence the popularity of folk dancing. Folk dance societies have been established all over the world and are meeting with enthusiasm and welcome everywhere.

Most people enjoy a good workout in the gymnasium and after a shower feel that they really have benefitted by the work. A gymnasium table seeks to exercise every group of muscles in the body: the aim is not to develop big muscles but to develop perfect control of the muscular system and to keep every organ in the body functioning harmoniously with the others. There are exercises that raise the chest wall, making it mobile and thus increasing the chest capacity; balance exercises to develop the muscles of leg and thigh and to make for better muscular co-ordination, giving the individual poise. Abdominal exercises are extremely important. Not only is the abdominal wall strengthened and held firm, but the organs lying underneath are affected. The action of the kidneys is aided by the mechanical pressure of the contractions of the muscles which stimulate the peristaltic action. A strong abdominal wall prevents ptosis.

Jumping is as old as civilisation but there isn't a more invigorating form of exercise. Jumping promotes flexibility of the joints as well as stirring up every muscle and organ in the body.

Club swinging has the additional enjoyment derived from the music. The exercise itself is localised, hence becomes fatiguing if carried on too long. The greatest profit from club swinging lies in the stretch. Stretching and relaxing alternately is an excellent exercise. It is perfectly natural for all animals to stretch. Watch a cat and see how he enjoys a good stretch. The muscles holding the neck and back erect are strengthened in club swinging, hence it is a good postural remedy.

In swimming we find the perfect form of exercise because it develops the body symmetrically. Every muscle from the top of the stretched fingers to the toes, are in use. The abdominal muscles are stretched taut, harmonious action of the muscles in the legs, arms and back takes place, the heart and lungs are strengthened. Swimming outdoors is ideal because of added benefit of the sun.

The type of exercise chosen for recreation purposes must suit the individual's taste and needs. Certain

activities best meet the needs of the individual at different ages. The baby rolls, waves his arms and legs, he is busy establishing neuro-patterns for future use. The pre-school child spends half his time in physical activities. Four or five hours a day should be spent outdoors running about, playing tag, jumping, etc. The school-age requires more definitely organised games. After being confined in school, and it is hard for a young child to sit still, every minute that he can crowd into his free time should be spent outside in robust fun.

The adolescent favours team play. Care should be taken that the competition isn't too keen as the emotions are unstable at this period. A great variety of games with lots of big muscle activity should be presented to the children of this age. It is now that they must get the habit of exercise and love of activity that will carry over into adulthood. Few adults acquire the skill necessary to games once youth is past.

Adults should have at least one hour a day active exercise. As I said before, don't take gymnastics as a dose of medicine. Regular exercising tends to break down obese flesh and build up the firm lean flesh, but spasmodic efforts to take off a pound of surplus weight are no good. Find out what athletics or sports give you the most satisfaction and enjoyment, and play for all you are worth. Don't play tennis just for the summer and lounge around for the winter months. Keep fit the year round.

Nurses in training should have facilities for recreation provided for their leisure time on the hospital grounds. The only hospital with which I am acquainted is the Royal Victorian Hospital in Montreal. There they have tennis courts and in the winter recreation classes for the probationers are held, comprising a programme of exercises with music, folk dances and games. Skill is not the aim, but enjoyment. The nurses are tired and they need change and diversion.

The public attempts to meet the need for recreation by providing attractive parks and playgrounds where interesting programmes for young and old are conducted. Originally, these were started for the slum children but now the movement is widespread.

Commercialised sports are a big item in the modern world's recreation programme. An exciting game of hockey or baseball is most stimulating and fascinating, but the evil lies in the fact that it is always the same people in the grandstand. They are the ones who need the exercise and should be out in the field, not the players, who are in perfect condition. The grandstands should be emptied into the playing field — everyone should have at least one game that he plays, the new slogan is "playing for all, and cease specialisation of the few."

Sports all year round will give you a most enjoyable time and also keep you fit. You will be alert, ready and eager to do things. Health brings optimism, ill health a sour pessimistic view of life. I know you are all optimists and may you ever be so.

BOOKS RECEIVED

Textbook of Anatomy and Psysiology, by Diana C. Kimber, R.N., and Carolyn E. Gray, A.M., R.N. Eighth edition, completely revised and re-written. Published by The MacMillan Company of Canada, Ltd., Toronto, Ont.

Eye, Ear, Nose and Throat for Nurses, by Jay G. Roberts, M.D. Published by The MacMillan Company of Canada, Ltd., Toronto, Ont. Price, $2.25.

Medical Diseases for Nurses, including Nursing Care, by Arthur A. Stevens, M.D., and Florence Ambler, B.S., R.N. Published by McAinsh & Co., Ltd., Toronto, Ont. Price, $2.75.

Nursing Psychological Patients, by Mary Chadwick. Published by Messrs. George Allen & Unwin, Ltd., Museum Street, London, W.C. 1, England. Price, $3.00.

A book written by a nurse for the purpose of increasing the interest of members of the nursing profession in psychological diseases, by pointing out that they require the nurse's serious attention and offer an important field for professional skill. The opening chapters summarise former opinions and earlier methods of treating this group of human sufferings, and trace the subsequent growth of knowledge and the development of modern forms of treatment. Later chapters describe the more familiar neurotic troubles, their symptoms and the difficulties they present to the nurse, and attempt, by increasing her understanding, to render her more efficient in meeting wisely the problems which she encounters.

The New St. Paul School of Nursing, Vancouver, B.C.

The New St. Paul School of Nursing is an expression of the sisters' appreciation of the influence on the student nurse of her educational, cultural and social environment; therefore, the entire building has been designed, constructed, and equipped with a view to providing an atmosphere of beauty, hospitality and comfort as well as every opportunity for professional growth and development.

Four of the six floors of this building are taken up with sleeping rooms, one hundred and three of which are single rooms, and thirty-two double rooms, allowing space in all for one hundred and sixty-six students.

Each room is furnished with a comfortable bed, a dressing table, a combination chiffonier and writing desk, one rocker and one straight-back chair, a large roomy locker, a set basin with hot and cold running water, and window drapes. The colour of the furniture is old ivory, and the drapes are a gold colour poplin which harmonises well with the light buff coloured painted walls. These floors are generously supplied with showers, bath-tubs, lavatories, large mirrors and every modern convenience. The utility rooms contain the incinerater, clothes-chute, mop-shaker, clothes-drier and cupboard space for brooms, mops, etc.

Each floor is equipped with a telephone booth which makes it possible for the student to receive her calls with very little inconvenience.

The lower floor is divided into large linen room, sewing room, laundry, ironing room, trunk room, store room, and a large rest room for the maids.

The Teaching Unit

The second floor, which is the main floor, includes a complete teaching unit: two large lecture halls, one of them is used entirely for a recitation room, a senior class room, which is also used as the instructor's office, a demonstration room, science room, and reference library. All these rooms are fitted up with teacher's desks, book cases, student's lecture chairs, as well as with the latest models in dolls, skeletons and charts. The library contains a large number of reference books as well as cultural books and professional and current magazines.

Social Opportunities

The west end of this floor has been planned to give the student a cultural and social environment that will establish the proper kind of home ideals and right standards of living. A large elegantly furnished living room is situated at the extreme end of the corridor; the treatment of this room, is such as to make it most inviting with an open fireplace centred between the radio and baby grand piano modern overstuffed davenports and easy chairs, and daintily shaded lamps casting a soft glow over the exquisite paintings and rich draperies hung about the room gives it a very cosy and attractive appearance as well as emphasizes the beauty and dignity of the surroundings.

Joining the living room there is a little kitchenette equipped with an electric range, frigidaire, running hot and cold water and a large cupboard which encloses a magnificent silver tea set and dozens of dainty dishes to be used for teas and luncheons as the occasion may require, which gives the school that spirit of hospitality, the charm of every real home.

The kitchenette and the living room have been made to serve their purpose several times since the students have been transferred, but perhaps one of the most successful social functions realized thus far, took place Thursday, August 27th, when the tennis club of St. Paul School of Nursing sponsored a tea at the end of a tournament played with the Vancouver General School of Nursing. The tea table and the entire living room were decorated in the school colours, purple and gold, these, with the variety of blends in the afternoon gowns worn by the students as they moved among their guests was a real picture. The ease with which the girls acted as hostesses and their gracious consideration for the comfort of their guests all bespoke the very essence of culture, hospitality and good breeding.

The Curriculum

St. Paul School of Nursing is an accredited school with an entrance requirement of junior matriculation; it maintains a highly qualified teaching staff which represents: a group of doctors selected from the staff; a theoretical teacher with a Bachelor of Science degree from Teachers College, Columbia University, New York; a practical teacher who does the follow-up work on the hospital wards; there is also a graduate dietitian who teaches that subject and several sister floor supervisors who do part-time teaching in their departments.

Extra Curricular Activities

To encourage qualities of leadership, initiative, co-operation and harmony in the school, there is a glee club organised among the students which meets once a week for rehearsals with a regular salaried director. This club usually sponsors an annual concert or other form of entertainment in the auditorium. There is also a tennis club which plays a tournament once a year for the inter-hospital cup with the Vancouver General Hospital School of Nursing. Steps are being taken to organise a dramatic club and athletic club in the near future.

News Notes

BRITISH COLUMBIA

VANCOUVER: Miss Eleanor G. Kerr, graduate of St. Paul's Hospital, Vancouver (1930), was successful in obtaining the Scholarship of $500.00 given by the Graduate Nurses Association of British Columbia for 1931. Miss Kerr plans to take the course in Teaching and Supervision in Schools of Nursing, University of Toronto.

Miss A. Baird, one of the Scholarship winners, 1930, who took a course in Public Health Nursing at the University of British Columbia, has a position with the City Health Department. Miss N. Little, who also obtained a Scholarship in 1930, has returned from McGill University, Montreal, and is now Instructor at Royal Island Hospital, Kamloops.

ONTARIO

Paid-up subscriptions to "The Canadian Nurse" for Ontario in September, 1931, were 1,014, eight less than in August, 1931.

APPOINTMENTS

Miss Isobel Marshall (Brantford General Hospital, 1925) has been appointed Record Librarian at the Brantford General Hospital.

Miss Lillian M. Hough (Guelph General Hospital, 1922), appointed Superintendent of the hospital at Renfrew, assumed her new duties on August 1st.

Miss B. Scales, a graduate of the Guelph General Hospital, who took a year's work in Public Health Nursing and graduated in May, 1931, from the University of Western Ontario, London, is doing Public Health work in Halifax, N.S., under the Victorian Order of Nurses of that city.

DISTRICT 2

GENERAL HOSPITAL, BRANTFORD: Mrs. Charles Wilson, of Los Angeles, California (Marie Hammond, 1929), was a recent visitor at the Brantford General Hospital. Miss Willa Laird (1928), who has been residing in Lille, France, for several months, has returned to her home in Brantford. Miss Florence Westbrook, Miss Aileen Heslop-Mair, Miss Helen Holbrooke and Miss Ruby Marks have been visiting in Brantford. Miss Natalie Lockman is at present on the staff of the Stevenson Memorial Hospital, Alliston, Ont. Miss Opal Duncan is relieving on the staff of the Norfolk County Hospital, Simcoe.

GENERAL HOSPITAL, GUELPH: The staff nurses of the hospital held a tea and sale of work on September 3rd, in the Nurses' Residence.

Miss Mabel Cunningham (1929), whose marriage to Ernest Hope, B.S.A., of Vancouver, B.C., took place recently in Saskatoon, Sask., was presented with a walnut dinner wagon by the Alumnae Association of the Hospital. She was also the guest of Miss B. Diamond and Miss I. Inglis at a delightful tea given in her honour. The honeymoon was spent in Vancouver and other Pacific Coast cities.

The Alumnae Association of the Guelph General Hospital held a bridge in the Nurses' Residence on August 20th, in honour of two of their members, Miss Liphardt, Superintendent of Geneva Hospital, New York, and Miss E. Stockford, who is instructor at the Presbyterian Hospital, Pittsburgh, Pa. After resfreshments were served, the guests of honour were presented with small tokens of remembrance. The bridge prize was won by Mrs. A. Anderson and the consolation prize by Miss J. Pierson.

GENERAL HOSPITAL, WOODSTOCK: Members of the Alumnae held a most enjoyable picnic on July 25th, at the home of Miss Lenora Armstrong, Thamesford. On this happy occasion a purse of gold was presented to Miss Armstrong (1920), who is soon to return to her work in Korea. Miss Jean Kelly was in charge of the operating room during the vacation of Miss Jefferson.

OWEN SOUND: The graduation exercises of the Owen Sound General and Marine Hospital were held in the City Hall on May 26th, 1931, when thirteen nurses received their pins and diplomas. Medals were awarded to Misses Pearl Patterson for General Proficiency, Mary Patton for Obstetrics, and Minnie Miller for Operating Room Technique. A reception and dance followed the exercises. Several social functions were arranged for the graduating class, including a theatre party, a bridge, and a picnic at Sankle Beach. A picnic given annually by Mr. Anderson for the graduates and students was held July 30th at Harrison's Park.

GALT: Miss T. E. Richter has been notified that she has been accepted for Post-Graduate work with the Victorian Order of Nurses, and expects to start her work in the near future. Miss Richter, in 1930, received the scholarship given by the Galt Hospital Trust for the highest standing in Theory. Miss Doris Frizelle has returned from her vacation spent in Quebec. Miss Margaret Irvine has returned from Scotland, where she spent some months with relatives, visiting in Montreal, en route.

GENERAL HOSPITAL, GALT: A class of ten entered the Training School on August 3rd. All of these young women will be nineteen years of age before the end of their probation period, and all have their Lower School Certificates.

QUEBEC

HOMOEOPATHIC HOSPITAL OF MONTREAL: Mrs. H. Pollock, Lady Superintendent, who has retired after twenty years of active service, will be greatly missed by everyone connected with the hospital: nurses, patients, medical staff and visiting doctors. On Wed-

nesday evening, August 26th, the graduate nurses, some of whom trained with, but most of whom trained under her supervision, presented her with a diamond dinner ring, while the undergraduates gave her an amethyst perfume bottle. On the next afternoon, the medical staff and visiting doctors presented her with a purse of gold and about forty-five personal letters. Mrs. Pollock's resignation caused considerable regret, but she leaves the institution with the sincere good wishes of all; and the hope that she may enjoy many years of happiness and well-earned rest.

Miss B. Hadrill has been appointed Lady Superintendent, and Miss A. Baker, Superintendent of Nurses of the Homoeopathic Hospital.

On September 11, a very enjoyable evening was spent in the Nurses Home, when the staff and graduate nurses of 1930 and 1931, together with members from the School of Nursing, held a surprise crystal shower in honour of Miss Doris Smith, formerly Superintendent of Nurses. Also she was presented with a handsome Venetian lace and Italian cut work banquet cloth and napkins, a gift from the student nurses. A playlet entitled "The Bachelor's Reverie" was cleverly portrayed by some of the student nurses. Miss Jean Gray sang "Until," accompanied on the piano by Miss E. W. Collins, following which refreshments were served. Miss Smith is to be married in the near future.

The Montreal General Hospital: Miss Beatrice Hadrill (Montreal General Hospital, 1917), has been appointed to the position of Superintendent of Nurses, and Miss Abigail Baker (Montreal General Hospital, 1930) as Instructor of Nurses to the Homeopathic Hospital, Montreal. Miss Winnifred King and Miss Ella Reid (Montreal General Hospital, 1930), have been appointed to the staff of the Victorian Order of Nurses, Montreal. Miss F. Mitchell, Miss M. Moses, Miss M. Robinson (Montreal General Hospital, 1930), Miss Hollenbeck (1928), Miss Steele (1931), Miss Mugridge (1931), Miss Elford (1931), Miss McRae (1931), are doing floor duty in the Montreal General Hospital. Misses Dorothy Snow, E. Fisher, Morgan, Brokenshire (1930), are doing floor duty at the Montreal General Hospital, Western Division. Miss S. Fraser (1929), has resigned as charge nurse of Ward C, and has been succeeded by Miss B. J. Smith (1930).

The engagements have been announced of Jean Bashaw (Montreal General Hospital, 1928), to F. T. Adams, of St. Lambert, P.Q., and Bernice Miller (Montreal General Hospital, 1926), to Royden F. Horncastle, of Fredericton, N.B.

The sympathy of the Association is extended to Miss Helen Hewton on the death of her father, to Miss B. Wathen on the death of her mother, and to Miss Morton on the death of her brother.

Sherbrooke Hospital: The sympathy of the nurses is extended to Miss Helen Hetherington in the death of her brother Archie at his summer home at North Hatley, P.Q.

SASKATCHEWAN

Regina: Miss H. B. Smith, who has been Acting Superintendent of Nurses at the Regina General Hospital, has been appointed Superintendent of Nurses, as from September 1st, 1931.

Maple Creek: Graduation exercises of the Class 1931, School of Nursing, Maple Creek General Hospital, were held in the Grand Theatre on Wednesday evening, September 16th.

BIRTHS AND MARRIAGES

BIRTHS

BAIRD — On August 4, 1931, at Silton, Sask., to Mr. and Mrs. R. S. Baird (Florence K. Willey, St. Paul's Hospital, Saskatoon, 1923), a daughter, Gladys Mary.

BERNHARDT—On June 17, 1931, to Mr. and Mrs. Herman Bernhardt (Stella Slimmons, Kitchener and Waterloo Hospital, 1929), a son, stillborn.

BRISTOW—On May 19, 1931, at Toronto, to Mr. and Mrs. H. G. Bristow (Elizabeth Bourne, Grace Hospital, Toronto, 1915), a son.

BUCK—Recently, at Brantford, Ont., to Mr. and Mrs. Lawrence Buck (Hilda Greensides, Brantford General Hospital, 1929), a daughter, Lois Beverley.

CHALLENGER — On July 20, 1931, at Vancouver, B.C., to Mr. and Mrs. George Challenger (Winnifred Mole, Vancouver General Hospital), a daughter.

DAVIDSON — On September 1, 1931, at Vancouver, B.C., to Mr. and Mrs. John Davidson (Velma Cooper, Vancouver General Hospital), a son.

DUNSEITH — On August 12, 1931, at Vancouver, B.C., to Mr. and Mrs. Jack Dunseith (Harriet Storey, Vancouver General Hospital), a daughter.

EBERLEIN — On July 24, 1931, at Cleveland, Ohio, to Mr. and Mrs. O. H. Eberlein (Hazel Young, Guelph General Hospital, 1920), a son, Otto Peter.

KOHLI — On August 24, 1931, at Galt, Ont., to Dr. and Mrs. Frank Kohli (Annie M. C. Cameron, Grace Hospital, Toronto, 1928), of Hespeler, Ont., a daughter.

LANGTON—Recently, at Brantford, Ont., to Dr. and Mrs. W. H. Langton (Pearl Robinson, Brantford General Hospital, 1916), a son.

SCHNEIDER—On September 7, 1931, to Mr. and Mrs. Schneider (Pearl Wing, Kitchener and Waterloo Hospital, 1924), a daughter.

MISCH—On June 26, 1931, to Mr. and Mrs. Misch (Gertrude Arndt, Kitchener and Waterloo Hospital, 1929), a son.

WEBSTER — On May 17, 1931, at Windsor, Ont., to Mr. and Mrs. Leo Webster (Ann Penman, St. Catharines General Hospital, 1928), a son.

WODDINGTON — On August 5, 1931, to Dr. and Mrs. Harreson Woddington (Marjorie Williams, Brantford General Hospital, 1925), a daughter.

MARRIAGES

ANDERSON — DUGGAN — On June 29, 1931, at Ottawa, Noreen Duggan (Montreal General Hospital, 1927), to Donald Anderson, of Dayton, Ohio.

ATKINSON — ROGERS — On July 25, 1931, Nellie Dorothy Rogers (Toronto General Hospital, 1923), to Herbert L. Atkinson, B.S.A., of Guelph, Ont.

BURNS—CRANE—On September 2, 1931, at Owen Sound, Josephine Lillian Crane (Owen Sound General and Marine Hospital, 1930) to Archie A. Burns, of Owen Sound, Ont.

CAMPBELL—JOHNSTON—On June 15, 1931, Olga Jean Johnston (Hospital for Sick Children, Toronto, 1926), to D. Ross Campbell, of Parry Sound, Ont.

COWLS—CAMPBELL—On July 1, 1931, Phylis D. Campbell (Kitchener and Waterloo Hospital, 1930) to William J. Cowls, of Kitchener, Ont.

CRAIG—GUY—In August, at Victoria, B.C., Marjorie Guy (Vancouver General Hospital), to Dr. Kenneth Craig, of Vancouver.

CRAMER—DUNLOP—On June 23, 1931, at Port Colborne, Ont., Elizabeth Dorothy Dunlop (St. Catharines General Hospital, 1930), to Dr. Joseph B. Cramer.

DAY—BARRACLOUGH—On August 5, 1931, at Montreal, Clarice Barraclough (Montreal General Hospital, 1928), to George A. Day, of Guelph, Ont.

DOLBY — WOOD — On July 8, 1931, at Toronto, Elsie May Wood (Grace Hospital, Toronto, 1928), to Rev. Cecil Dolby, Etobicoke. Mr. and Mrs. Dolby will live at Long Branch, Ont.

EDDY — MANN — On August 29, 1931, at Brantford, Ont., Emily Katherine Mann (Brantford General Hospital, 1928), to Charles Ralph Eddy.

FISHER—BINNIE—Recently, in China, Mary Binnie (Vancouver General Hospital), to Hubert Fisher.

HARBERT—MURCHISON — On August 25, 1931, at Toronto, Ont., Katherine Murchison to E. T. Harbert, of Sherbrooke, P.Q.

HOPE—CUNNINGHAM—On August 10, 1931, at Saskatoon, Sask., Edna Mabel Cunningham (Guelph General Hospital, 1929), to E. C. Hope, B.S.A., of Vancouver, B.C.

LANE—ANDERSON—Recently, at North Bay, Ont., Gladys Anderson (Riverdale Hospital, Toronto, 1927), to Russell Lane, of Toronto, Ont.

McFADGYEN—MURPHY — Recently, at Vancouver, B.C., Margaret Murphy (Vancouver General Hospital), to Dr. McFadgyen.

MUIR — CRUISE — On August 12, 1931, at Lachute, P.Q., Mary A. Cruise (Montreal General Hospital, 1929), to Andrew Allan Muir, of Lynchburg, Va.

MURPHY—MATHEWS — Recently, at Sherbrooke, P.Q., Inez Mathews to William B. Murphy. Mr. and Mrs. Murphy reside at 5192 Decarie Blvd., Montreal, P.Q.

SHANTZ—ARBUCKLE—On June 13, 1931, Viola M. Arbuckle (Kitchener and Waterloo Hospital, 1924) to Charles Shantz, of Alma, Ont.

SWEENEY — ROBINS — On August 29, 1931, at Walkerville, Ont., Hilda Vine Robins (Brantford General Hospital, 1927), to Frank P. Sweeney. At home 305 Sunset Ave., Sandwich, Ont.

SMYTH — HENDERSON — Recently, at New Liskeard, Ont., Jessie C. Henderson (Riverdale Hospital, Toronto, 1928), to Samuel Smyth, of Toronto, Ont.

WHITEHEAD — TILLEY — On June 15, 1931, at Timmins, Ont., Daisy E. Tilley (Brantford General Hospital, 1929), to C. H. Whitehead, of New Liskeard, Ont.

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REGISTERED NURSES' ASSOCIATION OF ONTARIO (Incorporated 1925)

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ASSOCIATION OF REGISTERED NURSES OF THE PROVINCE OF QUEBEC (Incorporated 1920)

Advisory Board: Misses Mary Samuel, L. C. Phillips, M. F. Hersey, Mere M. V. Allaire, Rev. Soeur Augustine; President, Miss Mabel K. Holt, Montreal General Hospital; Vice-President (English), Miss C. V. Barrett, Royal Victoria Montreal Maternity Hospital; Vice-President (French), Melle. Rita Guimont, Hopital Saint Luc, Montreal; Hon. Secretary, Miss Margaret L. Moag, V.O.N., Montreal; Hon. Treasurer, Miss Olga V. Lilly, Royal Victoria Montreal Maternity Hospital; Other members, Melles. Edna Lynch, Metropolitan Life Insurance Company, Montreal; Melle. Marie-Anysie Deland, Institut Bruchesi, Montreal; Mde. Caroline Vachon, Hotel-Dieu, Montreal; Rev. Soeur Marie-Rose Lacroix, Hopital St. Jean, St. Jean, Que.; Rev. Soeur Bellemare, Hopital Notre Dame, Montreal; Conveners, Private Duty Section (English), Miss Sara Matheson, Hadden Hall Apts., 2151 Comte St., Montreal; (French), Melle Jeanne L'Heureux, 774 Davaar Road, Outremont; Nursing Education Section (English), Miss Flora Aileen George, Woman's General Hospital, Westmount; (French), Rev. Soeur Augustine, Hopital St. Jean-de-Dieu, Gamelin, P.Q.; Public Health Section, Miss Marion Nash, V.O.N., 1246 Bishop Street; Board of Examiners, Convener, Miss C. V. Barrett, Mde. R. Bourque, Melles. Lynch, Senecal, Misses Marion Nash, Rita Sutcliffe; Executive Secretary, Registrar and Official School Visitor, Miss E. Francis Upton, Suite 221, 1396 St. Catherine Street, West, Montreal.

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President, Miss Elizabeth Smith, Normal School, Moose Jaw; First Vice-President, Miss M. H. McGill, Normal School, Saskatoon; Second Vice-President, Miss G. M. Watson, City Hospital, Saskatoon; Councillors, Miss R. M. Simpson, Department of Public Health, Regina, Sister Mary Raphael, Providence Hospital, Moose Jaw; Conveners of Standing Committees, Public Health, Mrs. E. M. Feeny, Dept. of Public Health, Regina; Private Duty, Miss L. B. Wilson, 2012 Athol St., Regina; Nursing Education, Miss G. M. Watson, City Hospital, Saskatoon; Secretary-Treasurer and Registrar, Miss E. E. Graham, Regina College, Regina.

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EDMONTON ASSOCIATION OF GRADUATE NURSES

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MEDICINE HAT GRADUATE NURSES ASSOCIATION

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Regular meeting First Tuesday in month.

A.A., ROYAL ALEXANDRA HOSPITAL, EDMONTON, ALTA.

Hon. President, Miss F. Munroe; President, Mrs. Scott Hamilton; First Vice-President, Miss V. Chapman; Second Vice-President; Mrs. C. Chinneck; Recording Secretary, Miss G. Allyn; Corresponding Secretary, Miss A. Oliver, Royal Alexandra Hospital; Treasurer, Miss E. English, Suite 2, 10014 112 Street.

A.A., KOOTENAY LAKE GENERAL HOSPITAL, NELSON, B.C.

Hon. President, Miss C. Treffry, Matron of Kootenay Lake General Hospital; President, Mrs. J. K. Fraser; First Vice-President, Miss D. Brown; Second Vice-President, Mrs. A. Banks; Third Vice-President, Miss A. Cook; Secretary-Treasurer, Miss J. Leslie.

VANCOUVER GRADUATE NURSES ASSOCIATION

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A.A., ST. PAUL'S HOSPITAL, VANCOUVER

Hon. President, Rev. Sister Superior; Hon. Vice-President, Sister Therese Annable; President, Miss B. Berry; Vice-President, Miss K. Flahiff; Secretary, Miss Mildred Cohoon; Assistant Secretary, Miss E. Hanafin; Secretary-Treasurer, Miss L. Elizabeth Otterbine; Executive, Misses Marjorie McDonald, N. Comerford, A. Kerr, B. Geddes, G. Oddstad.

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A.A., JUBILEE HOSPITAL, VICTORIA, B.C.

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Meetings—Second Wednesday of each month, 8 p.m., St. Boniface Nurses Residence.

A.A., WINNIPEG GENERAL HOSPITAL

Hon. President, Mrs. W. A. Moody, 97 Ash St.; President, Mrs. J. A. Davidson, 39 Westgate; First Vice-President, Mrs. S. Harry, Winnipeg General Hospital; Second Vice-President, Miss I. McDiarmid, 363 Langside St.; Third Vice-President, Miss E. Gordon, Research Lab., Medical College; Recording Secretary, Miss C. Briggs, 70 Kingsway; Corresponding Secretary, Miss M. Duncan, Winnipeg General Hospital; Treasurer, Mrs. H. I. Graham, 99 Euclid St.; Sick Visiting, Miss W. Stevenson, 535 Camden Place; Programme, Miss C. Lethbridge, 877 Grosvenor Ave., Membership, Miss A. Pearson, Winnipeg General Hospital.

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Chairman, Miss A. Boucher; First-Vice President, Mrs. F. Edwards; Second Vice-President, Miss V. Lovelace; Secretary-Treasurer, Miss M. Racey; Conveners of Committees: Nursing Education, Miss B. Bell; Public Health, Miss L. Young; Private Duty, Miss I. Sheehan; Publication, Miss M. Flannagan; Membership, Miss M. Sideen, Miss D. Elliott; Social: Miss E. Hamilton, Miss Chiver-Wilson, Miss E. McTavish; Representatives to Board of Directors Meeting, R.N.A.O., Mrs. F. Edwards.

Meetings held first Thursday every month.

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Regular meeting held first Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

A.A., BRANTFORD GENERAL HOSPITAL

Hon. President, Miss E. Muriel McKee, Superintendent; President, Miss I. Marshall; Vice-President, Miss A. Hardisty; Secretary, Miss H. D. Muir, Brantford General Hospital; Assistant Secretary, Miss F. Batty; Treasurer, Miss L. Gillespie, 14 Abigail Ave., Brantford; Social Convener, Miss M. Meggitt; Flower Committee, Misses P. Cole and F. Stewart; Gift Committee, Mrs. D. A. Morrison, Miss K. Charnley; "The Canadian Nurse" and Press Representative, Miss E. M. Jones; Representative to Local Council of Women, Miss G. V. Westbrook.

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A.A., KITCHENER AND WATERLOO GENERAL HOSPITAL

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A. A. VICTORIA HOSPITAL, LONDON, ONT.

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A.A., NIAGARA FALLS GENERAL HOSPITAL

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A.A., ORILLIA SOLDIER'S MEMORIAL HOSPITAL

Hon. President, Miss E. Johnston; President, Miss G. Went; First Vice-President, Miss McMurray; Second Vice-President, Miss S. Dudenhoffer, Secretary-Treasurer, Miss M. B. MacLelland, 128 Nississaga St. W.

Regular Meeting—First Thursday of each month.

A.A., OSHAWA GENERAL HOSPITAL

Hon. President, Miss MacWilliams; President, Miss Ann Scott, 26 King Street E., Oshawa; Vice-President, Miss Emily Duckwith; Second Vice-President, Mrs. H. Harland; Secretary, Mrs. Mabel Yelland, 14 Victoria Apts., Simcoe St. S., Oshawa; Asst. Secretary, Miss Jessie McIntosh; Corresopnding Secretary, Miss Helen Hutchison, 14 Victoria Apts., Simcoe St. S., Oshawa; Treasurer, Miss Jane Cole; Social Convener, Miss Amber Sonley, Visiting and Flower Convener, Mrs. M. Canning; Convener Private Duty Nurses, Miss Margaret Dickie; Representative, Hospital Auxiliary, Mrs. M. Canning, Mrs. E. Hare, Mrs. B. A. Brown.

A.A., ST. LUKE'S HOSPITAL, OTTAWA

Hon. President, Miss Maxwell; President, Miss Doris Thompson; Vice-President, Miss Diana Brown; Secretary, Miss Isobel Allan, 408 Slater Street, Ottawa; Treasurer, Mrs. Florence Ellis; Nominating Committee, Misses Mina MacLaren, Hazel Lyttle, Katherine Tribble.

A.A., LADY STANLEY INSTITUTE, OTTAWA
(Incorporated 1918)

Hon. President, Miss M. A. Catton, 2 Regent St.; Hon. Vice-President, Miss Florence Potts; President, Mrs. W. Elmitt; Vice-President, Miss M. McNiece, Perley Home, Aylmer Ave.; Secretary, Mrs. Lou Morton, 49 Bower Ave.; Treasurer, Miss Mary C. Slinn, 204 Stanley Ave.; Board of Directors, Miss E. McColl, Vimy Apts., Charlotte St., Miss C. Flack, 152 First Ave.; Miss L. Belford, Perley Home, Aylmer Ave.; Miss E. McGibbon, 114 Carling Ave.; Representative "The Canadian Nurse," Miss A. Ebbs, 80 Hamilton Ave.; Representative to Central Registry Miss A. Ebbs, 80 Hamilton Ave.; Miss Mary C. Slinn, 204 Stanley Ave.; Press Representative, Miss E. Allen.

A.A., OTTAWA CIVIC HOSPITAL

Hon. President, Miss Gertrude Bennett; President, Miss Evelyn Pepper; First Vice-President, Miss Elizabeth Graydon; Second Vice-President, Miss Dorothy Moxley; Treasurer, Miss Winnifred Gemmell, 221 Gilmour St.; Recording Secretary, Miss Greta Wilson, 489 Metcalfe St.; Corresponding Secretary, Miss Eileen Graham, 41 Willard St.; Councillors, Mrs. G. W. Dunning, Misses Elizabeth Curry, Gertrude Moloney, Mary Lamb, Gladys Moorehead; Convener of Flower and Sick Visiting Committee, Miss Margaret McCallum; Press Correspondent, Miss E. Osborne.

A.A., OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sr. Flavie Domitille; President, Miss Juliette Robert; First Vice-President, Miss C. McDonald; Second Vice-President, Mrs. A. Latimer; Secretary-Treasurer, Miss Stella Kearns, 478 Cumberland Ave., Ottawa; Membership Secretary, Miss Pauline Bissonnette; Representatives to Local Council of Women, Mrs. C. L. Devitt, Mrs. A. Latimer, Mrs. E. Viau and Miss F. Nevins; Representatives to Central Registry, Miss L. Egan and Miss A. Stackpole; Representative to The Canadian Nurse, Miss Juliette Robert.

A.A., OWEN SOUND GENERAL AND MARINE HOSPITAL

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A.A., NICHOLLS HOSPITAL, PETERBORO, ONT.

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A.A., SARNIA GENERAL HOSPITAL

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A.A., STRATFORD GENERAL HOSPITAL

Hon. President, Miss A. M. Munn; President, Miss Hazel Crerar; Vice-President, Miss Myrtle Hodgins; Secretary-Treasurer, Miss Ivy Rennie: Convenor of Social Committee, Miss Isabel Wilson; Correspondent The Canadian Nurse, Miss Florence Kudoba.

A.A., MACK TRAINING SCHOOL ST. CATHERINES

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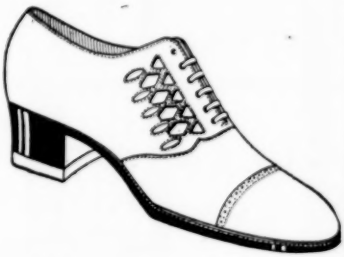

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Head Office MONTREAL

ELIZABETH CARRUTHERS, Reg.N.

Representative—
Sun Life Assurance Co. of Canada
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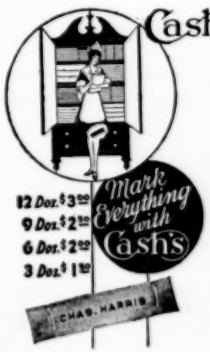

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